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ABSTRACT

The purposes of this booklet are: (1) to serve as a commentary on the evolution, state and problems of drug reporting; (2) to make the journalist aware of the prominent issues and some of the major misconceptions common among reporters, readers and/or listeners; (3) to serve as a guide to the fundamental background literature of the field; (4) to act as a source guide to potential interview or reference persons; and (5) to be a guide to terminology. It focuses primarily on the class of drugs which, for nonmedical use, are and have been illegal. Additionally, it contains research tips on drug reporting, a list of nationally important resource organizations, and lists of resources at both the individual and the state level. Information is extensive and well organized. (Author/PFS)

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Reporter's Guide

The Drug Abuse Council, Inc. is a private, tax-exempt foundation which was established in February 1972 to serve on a national level as an independent source of needed research, public policy evaluation and program guidance in the areas of drug use and misuse. It is supported by the Ford Foundation, Commonwealth Fund, Carnegie Corporation, Henry J. Kaiser Family Foundation and the Equitable Life Assurance Society of the U.S.

Through its publications and other activities, the Council hopes to provide nonpartisan, objective information and analysis and serve as a resource for those organizations and individuals searching for new, more effective approaches to nonmedical drug use in our society.

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Reporter's Guide: Drugs, Drug Abuse Issues, Resources

Allan Parachini

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Introduction

The first time I covered a drug story was sometime around 1965, nearly two years before the massive journalistic interest in drugs. Sometime that year, the police in Syracuse, New York, where I was working part-time for the *Herald-Journal* while a student at Syracuse University, made the largest single recovery of marijuana in the city's history—a little more than one pound. That same police department has since recovered about one hundred times that amount at one time. And that change is only symptomatic of the way the drug scene has climaxed and ebbed in terms of public fascination, but continued to expand in actual terms.

There was very little rational background information available in 1965, a problem which persisted throughout the golden age of drugs, from sometime in 1967 until sometime in 1972. For the reporter seeking such information, little could be found and there was scant guidance to prospective sources.

Although the drug scene is at least quieter today and although public and editorial interest in the subject has lagged, the attempt to write intelligently should not be abandoned. Much misinformation still colors public drug attitudes.

For the journalist with some interest in developing background in the field, or faced with a drug assignment, the availability and accuracy of information and the variety of potential sources today are far better than they were even three years ago. The problem now is finding the information and locating the sources.

This booklet has several purposes. First, it may serve as a commentary on the evolution, state and problems of drug reporting. Second, it should make the journalist aware of the prominent issues and some of the major misconceptions common among reporters and readers or listeners. Third, it contains a guide to the fundamental background literature of the field, including a short list of references which could make up a basic research library. Fourth, it can be a source guide to potential interview or reference persons. And finally, it is a guide to terminology.

There is a risk that this booklet which is being assembled in mid-1975, will start to show its age in a year or two. Some of the individuals mentioned here may leave the field. Some of the reference works may lose their credibility. Nevertheless, it can evolve with the times if the user updates it as years go by; phone numbers, names and addresses, as any reporter well knows, are ephemeral things at best. The basic information in this pamphlet should be of some use for a number of years to come.

This booklet focuses primarily on the class of drugs which, for purposes of nonmedical use, are and have been illegal. In that respect, this work may be criticized for failing to emphasize drugs of such widespread abuse as alcohol and nicotine. This failure is not out of ignorance, but rather from the belief that adequate information about these two drugs now exists and that such organizations as Alcoholics Anonymous, the National Institute on Alcohol Abuse and Alcoholism and the work of the United States Surgeon General should offer enough recognized, credible information for the reporter. The challenge should be to remember that alcohol and nicotine are "drugs" just as surely as heroin and marijuana.

Too, the issue of improper or excessive prescription of legally manufactured drugs is important, and many of the reference works listed here touch on this problem in some detail. Again, this issue is a prominent and vital one which should not be lost to the reporter's consciousness of "drug abuse" as the broad field it is.

This reference work has been assembled over the twelve-month Mid-Career Seminars in Drug Abuse Reporting, a program cooperatively sponsored by the Drug Abuse Council and the Columbia University Graduate School of Journalism. To a great extent, all the resources mentioned here are the products of the program's one-year distillation and have survived it credibly.

There have been many—perhaps too many—drug books. Not one has been prepared by a journalist for use by journalists as this one has been. Its format may puzzle the non-journalist but its intent is to share with fellow professionals some information not before assembled between two covers.

"It's High Time for the Real Drug Story"

Note: "The following essay was originally published in The Quill, *the magazine of the Society of Professional Journalists, Sigma Delta Chi, in July 1974. It has been slightly revised for inclusion here. (Copyright © 1974,* The Quill.)

Sometime in 1966, a year or so before the Haight-Ashbury summer, American newsmen started to "discover" drugs, drug stories, drug horrors, hippies, communes and what came to be called the counterculture. Drugs, of course, were not new. Heroin, cocaine and marijuana, in particular, had been widely used for decades (in the case of heroin) or millennia (in the case of marijuana). But the now fabled mid-sixties flow of drugs out of ghetto alleyways into suburban high school parking lots was new in an absolute sense and new journalistically.

For the generalist, especially the younger reporter, it was a curious time. The "market" among editors for drug stories—a user's account of a trip on LSD; a first-person description of a dramatic police raid; a series on the evils of marijuana; a graphic study of the agony of withdrawal from heroin; or any of a variety of other formula pieces—was probably never greater than the year before and the two years after the magical flower power summer of 1967 in the Haight.

But what should have occurred then—the origination of drug specialty reporting—never did. Perhaps it all seemed too simple and too tempting; maybe deceivingly obvious. Drug users were strange; drugs were bad. Instead, drug stories, perhaps because of the crush of hippie revelation after hippie revelation, became the province of reporters of spectacularly divergent background, interests and qualifications. Drugs as a general field have been covered by police reporters, general assignment people, medical writers, science writers, even city hall reporters. Editors have asked, figuratively or literally, for stories which could, by virtue of fear value, dissuade the young target audience from experimentation.

Reporters, consequently, perpetuated old myths like the link between marijuana use and heroin addiction; the absolute relationship between heroin addiction and street crime, and were taken in by contemporary original scare stories. When, in the late sixties, a Pennsylvania researcher claimed that several young people under the influence of LSD had stared directly into the sun, forever destroying their reading vision, the story was widely reported. Not so widely reported was the revelation, weeks later, that the entire story was a hoax, perpetrated by an honestly concerned, but misguided, source. In 1971, the Federal Bureau of Narcotics and Dangerous Drugs released a remarkably detailed report on the relationship between heroin addicts and criminal activity which, for the first time, challenged the notion of the link between the two. It was not widely reported. Newsmen, however, continued to assert the widespread assumption that most burglaries and robberies were committed by addicts. The assumption persists today.

In the intensely competitive effort to find new angles on the developing story of use of LSD, reporters and editors embraced the research conclusions of a physician at the State University of New York at Buffalo who announced LSD use was closely linked to chromosome damage. It was not until months later, and on a much smaller scale, that reporters got around to asking Dr. Maimon Cohen what all that genetic theory meant, and he responded, quite candidly, that no one knew if it meant anything in terms of potential for deformed children, personality change or any of the other hasty conjecture which had found its way into a great deal of what was written about Cohen's original research project.

But that was the late sixties, by and large a period in which a reporter could be titillated at will by drug revelations, and editors could find space for stories which depicted drugs as strange, mystifying, deviant or, preferably, evil.

The national attention span being comparatively short, the era of the drug story diminished to minimal levels within about five years. Reporters who had written widely about drugs tired of the endeavor. James Markham, who handled the *New York Times'* drug coverage for awhile, dropped the "beat" in 1973 and went to cover Southeast Asia, from a base in Saigon. While the *Times* is overused as an example of journalistic trendiness, the Markham burn-out is typical of what occurs to drug writers in a

comparatively short period of time. The reason for this, possibly, is that the golden age of drug writing, from perhaps 1966 to 1971, drew too little on broad factual basis. And too little on the factual grounding that is taken for granted in the daily operation of beats like city governments, courts, state legislatures, health and welfare and police. It is, after all, possible to write and rewrite the story of the police lieutenant's account of the drug raid, or the cocaine user's account of that drug's high, or the drug treatment program operator's claims to success only a finite number of times before even the most drug-oriented reporter begins to lose interest.

To be sure, a generation of young, relatively hip reporters (many of whom were themselves at least moderate marijuana smokers; hair got longer in newspaper offices, too) emerged to dominate drug reporting during its golden age. Some, like Dick Clever, formerly of the *Seattle Post-Intelligencer*, established their credentials by perceptively handling the totality of events at local rock music festivals, manifestations of the counterculture little understood by editors or readers.

So the "sellers' market" for drug stories collapsed without ever indulging in careful analysis of the directions drug use, treatment or control policy were taking. Former President Nixon declared victory in the "war" on heroin in 1973 and many newsmen, relieved, simply stopped writing in the field.

It may actually be true that drug use has become less overt, in fact, there seems to be fairly conclusive evidence that something along those lines has occurred. However, since the estimates of the number of drug users appear to have been spectacularly exaggerated over the years (estimates of 550,000 heroin addicts appeared in 1971 but without any indication they had more solid basis in fact than Vietnam bodycounts), it is difficult to tell to what extent the drug scene is quieter today.

For the newsman, covering drugs has become a question of covering the efforts made to: a) "treat" drug users who cannot cope with their drug problems themselves, and b) deal with drug abuse through the traditional law enforcement system. In this sense, coverage of the drug field has become even less an area of specialization and more one in which inexperienced general assignment reporters are dispatched to assess (but usually simply applaud) the efforts of drug treatment programs. Hard questions

have seldom been asked, nor have newsmen made a substantial effort to seek out financial and therapeutic wrongdoings in the treatment field.

Action against drug abuse has become a very big business. The federal government spent about $791 million in fiscal year 1974 in the field; New York City alone spends more than $60 million annually for treatment programs dispensing methadone, the synthetic narcotic that blocks the euphoria of heroin. Methadone programs nationally are reliably estimated to invest $16 million per year just analyzing urine samples from their patients to monitor lapses to drug use. It is, indeed, a drug abuse industrial complex; its size and monetary largesse are sufficient to prompt concern among many treatment professionals that drug program operators may find themselves more concerned with staying in business than coping with addiction and other forms of abuse.

Drug journalism came under scrutiny during 1972 and '73 by the Drug Abuse Council, a privately operated "drug think tank" in Washington which receives its funding from a consortium of private sources. They include the Ford Foundation, Henry J. Kaiser Family Foundation, Equitable Life Assurance Society, Carnegie Corporation and Commonwealth Fund. The attention came in the form of a year-long research project undertaken by Robert P. Bomboy, a newspaperman (now with the *Baltimore News-American*), who had been selected as a research fellow of the Drug Abuse Council. Bomboy traveled around the country, interviewing reporters and editors in 39 cities, in an effort to assess the state of drug coverage. The results were disturbing, according to Bomboy. He wrote in a final project report, titled *Major Newspaper Coverage of Drug Issues:* "There is a lack of developed points of view or clear concepts of drug abuse issues in the minds of the nation's newspaper reporters. A great deal of drug reporting on even major newspapers evidently comes out of ignorance and fear, sensationalism and false preconceptions.

"White middle-class reporters and editors have been taught to fear the addict, just as the public and other professionals have."

Out of the Bomboy report came a program, jointly undertaken by the Columbia University Graduate School of Journalism and the Drug Abuse Council, of five intensive 10-day seminars for journalists assigned to drug coverage among major newspapers

and broadcast outlets. The program began in November of 1973 and continued through October of 1974.

The program assumed that newsmen attending the seminars had covered drug abuse issues, but some reporters sent to the seminars arrived without that background. And while one may observe that the Columbia/DAC program was perhaps five years past due, its value may have been greater than it would have been, for instance, in 1968, because drug abuse control, treatment and law enforcement have become more and more institutionalized, more and more a part of the total system of government.

The seminar program relied on confusion, in the abstract, as its most important product. Reporters may have come certain they are in command of the facts of the drug scene; they departed, however, uncertain of what they or anyone else knew, and prepared to question closely in the atmosphere to which they returned. Their preconceptions were shaken, but they were also told that one of the few things certain in drugs is uncertainty. Heroin, for instance, in pharmacological terms is a drug substantially less harmful than alcohol. It is not accurate to describe heroin as a "killer drug," although undeniably many people die as a result of heroin involvement. The uncertainty comes from failure to journalistically investigate the lore and misimpressions of the drug scene at large.

Reporters arrived prepared to hear from experts, but were told that there were few experts in the field and that most of what they had assumed about drugs and drug users was erroneous. Frank Denton, health and welfare beat reporter for the *Cincinnati Enquirer*, found himself wondering what a "drug" was after one seminar ended. "My definition of 'drug,'" Denton said, "would be something like . . .'a substance one consumes for reasons other than nourishment, usually associated with dependency or mood-alteration.' Now, the importance of that definition, however more carefully it might be worded, is that it would then include alcohol and tobacco . . . which are, indeed, the worst drugs around, because of their predominance and their physiological effects."

The reality of drug journalism is that journalists have been one of the means by which misimpressions have been communicated to readers, viewers and listeners. But the misimpressions (most notably, perhaps, the assumption that marijuana is a causative factor in heroin addiction and that heroin addicts are responsible

for most street crime) have been accepted as fact not only by the audiences and readers but by reporters, too.

"Most reporters and editors I know admit to a feeling of helplessness when it comes to writing about drugs and drug abuse," said Marsha Kranes, a general assignment reporter dispatched to the Columbia program by the *Long Island Press*. "I was sent to become a drug expert. I leave knowing there is no such animal. I came expecting answers—the 'magic bullet' or at least some direction: who to believe, who not to believe; where the 'answer' is most likely going to be found; where it's least likely to be found. I leave with more questions."

The effect of the seminar experience on editorial management personnel was even more pronounced. The late Irv Wilcove, city editor/operations for Gannett's *Rochester* (N.Y.) *Times-Union*, returned to his newsroom and circulated a memo to other Gannett editors urging them to be more skeptical of police accounts of drug law enforcement, more eager to question the results of drug treatment programs and more willing to permit reporters to dig into issues which underlie the "drug problem."

The federal drug treatment bureaucracy has reacted to the demise of the overt drug culture by making drug control about as entrenched a part of the Washington scene as it can be today. The White House Special Action Office for Drug Abuse Prevention (SAODAP) was phased out and replaced by a large and powerful National Institute on Drug Abuse (NIDA).

Curiously, newsmen assigned to cover drugs are not widely aware of either SAODAP or NIDA, neither of which has commanded any attention to speak of from Washington bureaus, wire services or that city's two dailies. The lack of awareness of what federal coordination does exist is a pretty telling symptom of the rather disorganized state of drug use/abuse coverage.

Many of the issues in the drug field are complex, but reporting in this area can be enhanced by bearing in mind a few thoughts which really have their root in journalistic common sense. The operating inclination should be to permit healthy skepticism to judge the claims of *anyone*, including addicts, police and treatment officials. A few points:

•Always question numbers, especially numbers of persons involved in the drug scene in one way or another. Demand to know how the numbers are arrived at and be suspicious of any mathematical result which is not totally supported by fact.

•Be constantly skeptical of values placed on recovered drugs by law enforcement officers. The formulae by which these values are computed are frequently in error. It is always wise to check with sources among drug users to verify police accounts.

•Develop sources of information among all interest groups concerned with drugs. The most difficult of these may be the user/seller group. While this may be easiest for younger reporters, developing such sources is not impossible for any reporter who is reasonably fair-minded.

•Be dubious of the claims of treatment program operators, looking past their statistical statements of success at ulterior motives, including financial ones. Be especially skeptical of treatment officials who seem to imply indirectly or directly that one type of treatment (i.e. methadone) is suitable for *all* or even most drug users.

•Finally, demand proof of simple solutions and logical cause-effect categorizations, such as linking heroin use and property crime. Some of the best stories in this field have grown from a reporter's total disbelief of supposed axioms.

Too frequently, the scenario for "The Drug Story" has been this familiar one: The police reporter writes that the police have seized a suspect and a kilogram (about 2.2 pounds) of marijuana. That marijuana, the police claim (knowing full well that they exaggerate), is worth $2,400 on the illicit market. The journalist, however, also reports that this estimate is exaggerated (how does he know? He uses the stuff and buys regularly or he's conscientious and has developed journalistic sources within the drug trade) and that the kilo would break down to 35 or so "lids" of a total of $875. But the figure that gets into the paper is $2,400. It sounds more spectacular, reads better; but most distressingly, the reporter is presumed less aware of the drug scene than the police.

Perhaps this scenario is changing. The impact of rational approaches to drug journalism, similar to those accorded more established beats like medicine and social welfare, is starting to

be felt. It's a good time for journalists to rethink their own impressions or misimpressions about drugs. That may not have been possible in those years when a new psychedelic crisis seemed to tumble out of the woodwork every week. Journalists, now that emotions are ebbing, should assume the traditional role of assaulting misimpression. In the drug field, it's "high" time.

What "Drug Stories" Are Left?

There can be little question that the "drug story" as it was once known is moribund. Even among demographic groups closely identified with intensive drug use, it is not unusual to sense a certain lack of concern with whatever became of the drug scene as it existed in the years after 1967.

Reporters and editors are justifiably tired of the whole business. What then is left for the reporter who may believe news media should still devote some reasoned concern and attention to drugs, and what prospect is there that his or her story will rouse any interest among readers, viewers or listeners?

Drug journalism, like the drug scene, was a fad-like social phenomenon. The drug fascination struck so fast, developed so quickly into such a visible part of diverse subcultures and vanished from view so swiftly that the reporter trying today to sort out just what is left is challenged strikingly, like a pedestrian sideswiped by a hit-and-run car, knocked unconscious momentarily and then left groggy, wondering what hit him.

The fact is that in terms of gross numbers, more people are probably using illicitly procured drugs now than at any time during the heyday of drug journalism and the drug scene. There was a 43 percent increase in marijuana arrests between 1972 and 1973. LSD sales in gross dosage terms are believed by many street observers to surpass their levels of the Haight-Ashbury summer in many parts of the country. Ghetto street observers report that cocaine has staged a revival in minority communities, outstripping heroin in popularity in some places, most notably New York.

The drug treatment industry employs 54,000 people today by most responsible estimates; some sources put the figure at twice that if employees of "residual" industries (urinalysis laboratories, data-processing services catering to drug programs and the like) are included. The $1 billion annual expenditure figure noted in *The*

Quill article reflects the current *federal* expenditures for drug programs and drug law enforcement for a single fiscal year. Several hundred million dollars more of state and local money is also being spent. Some states have enacted or are considering stringent drug laws; others are modifying "soft drug" laws, most notably those pertaining to marijuana.

There is, in fact, a great deal left for the reporter who wants to develop interest in writing about drugs. But the stories are no longer the fascination pieces of the late sixties, they are stories about the expenditure of tax money, the competency and activities of the medical and social work professions and the progress of legislation; in other words, the kinds of reporting journalists have always done.

None of what appears here should be construed as an attempt to tell a reporter what to write about or an editor what to assign. But the paragraphs that follow may prove helpful to a journalist wondering what, if any, attention should be paid to drugs now.

Monitoring Treatment Efforts

Few areas of medical endeavor have been permitted to function with so little critical review as the so-called "drug abuse industrial complex."

Treatment programs were opened in 1972, the peak of the Nixon-era war on drugs, at a staggering pace. Between March and July of that year, $60 million was spent to open new methadone clinics and drug-free therapeutic communities. Today, federal funds support 95,000 treatment slots; expenditures of federal dollars since 1969 for drug programs and drug law enforcement total about $1.7 billion.

Astonishingly, comparatively little reporting on the real effect of treatment programs has been done. Starting in 1972, each state was required to designate a single agency responsible for drug treatment, and money is now being channeled in block grants to these single state agencies under the "new federalism." (The 56 single state agencies, including the 50 states and U.S. territories, are listed on p. 42).

Treatment program officials report that the new financial arrangement has increased politicking by program operators and has

made the exertion of political pressure on programs more widespread.

The people who manage and staff treatment facilities and their programs are diverse and, with disquieting frequency, of questionable competence.

But the reporter dispatched to a treatment program frequently finds himself the victim of the manipulative charms of officials and patients and unaware of the issues that may be controversial. The most significant of these is the concept of "success" in treatment. The word is used by different people to mean different things; sociological follow-up studies can frequently be made to show different, conflicting results, depending on who is interpreting them.

Some program operators claim that their "modality" is the only acceptable one to cope with a certain type of drug dependence. In many small or medium-sized metropolitan areas, for instance, only methadone programs exist to treat heroin addicts. The reporter might do well to find out why services are restricted. Methadone is becoming a significant political firestorm issue all over the country for reasons other than questioned therapeutic value.

Conversely, there should be no assumption that the medical and professional personnel staffing treatment clinics are immune to politics or totally dedicated to the welfare of their patients. As one New York City methadone clinic doctor observed: "It would be foolish in the extreme to assert that physicians have any corner on morality."

In any city, stories wait to be written by the reporter who will ask what a treatment program is doing, why it is doing it, what it costs, how well it is doing it and to whose benefit and then follow up those answers on the street.

Drug Legislation

Since New York State instituted harsh, abrupt changes in its drug laws in September 1973, several states have considered or enacted similar new statutes. In some states, reporters have questioned the basic assumptions on which some proposed changes have been based. Ed Higgins, a reporter for the *Trenton* (New

Jersey) *Times*, discovered gross exaggerations in an estimate of the number of drug users in New Jersey. Higgins' reporting of the discrepancy is believed to have cooled the support of backers of massive changes.

Higgins originally did the piece for the *Trenton Times*, then carried the research further for an article in the September 1974 issue of *Newark* magazine. Central to the work Higgins (and a few other reporters, including James Markham of the *New York Times)* did was advancing the argument that property crime attributed to addicts is grossly overstated. A widely ignored 1971 study by the Federal Bureau of Narcotics and Dangerous Drugs (now called the Drug Enforcement Administration) found the crime-addiction link to be overstated. Though scarce, copies of the report can still be obtained. Its full title is listed on p. 71.

Conversely, several states—Oregon, Alaska, Maine, Colorado, California, Ohio, South Dakota and Minnesota—have passed some form of marijuana decriminalization. Other states are currently considering such changes.

Stories about changing drug laws have been, are being and will be done. But since so many issues and so much controversy are involved, reporting experience in the drug field and street and issue awareness can be an asset in covering such statutory evolutions. Some of the resources noted in Chapter 4 may prove valuable.

New Issues

Although comparatively few "new" drugs have come to prominence (with the exception, perhaps, of methaqualone) in the last few years, there are impending new issues to be discussed. As might be expected from the therapeutic direction in which the field seems headed, many of them relate to drug "treatment." For instance, many cities now have Methadone to Abstinance (MTA) programs in which methadone is used as a temporary treatment in prolonged, controlled withdrawal. To cut down on methadone diversion, a handful of researchers are now working with an extended potency version of methadone which lasts 72 hours instead of the 24 for most doses.

Too, addicts in treatment are starting to assert themselves as a unified force, the most notable example so far being the formation of the Addicts Rights Organization in Philadelphia (see p. 26).

The most heralded new issue, however, seems to be increased attention being paid to polydrug users—people who use two or more drugs in combination. The word "deadly" has been overused in this field, but combination drug reactions *can* kill, without assistance from unknown or outside forces which so often come into play in cases of deaths commonly attributed (but frequently not simply due) to heroin overdose. The combined reaction of methadone and Valium, for example, can kill easily. In a sense, this is an old problem, since drug users have been taking more than one substance simultaneously for years, but it is now finding recognition, attracting some attention and showing some signs of becoming the next "new" drug issue.

Too, the reporter with healthy, skeptical curiosity may find in his own misimpressions some intriguing stories. For instance, heroin addicts have known for some time that there existed a large population of nonaddicted heroin users, commonly called "chippers," from the practice of 'chipping," or taking small doses to achieve the heroin euphoria but not frequently enough to get hooked. A few studies of chipper epidemiology have been done but few of them have ever been publicized (most notable is ongoing research at the Haight-Ashbury Free Medical Clinic in San Francisco. See p. 28). The most difficult part of doing this story may be convincing editors that chippers actually exist and that the fundamental approach of truth will be more sound than withholding the piece out of fear its publication may inspire potential users who have been deterred by the fear of addiction.

This is just one example, but a thorough search of one's own assumptions may yield a typical misimpression ripe for being debunked.

Covering the Narcs

Finally, in the aftermath of mistaken identity drug raids of the recent past, most notably in Collinsville, Illinois, it may prove productive to look into the operations, training, qualifications and performance of local drug enforcement officers.

Police performance is increasingly being subjected to journalistic review, and the methods and effectiveness of narcotic officers should not be immune. In recent years some departments, most notably New York City's, have shifted emphasis from low-level possession and sale arrests to high-level major interceptions, introduced new accountability procedures to narcotic squads and attempted with some success to upgrade one of the true stepchild fields of law enforcement. Other police agencies, regrettably, persist in use of outmoded methods and drug user harassment.

The journalist too frequently focuses his attention on police activities only on the day of a drug raid and not at the time of routine investigations as they are conducted on the street.

Drug Reporting Research Tips

Fundamentally, of course, conducting the journalistic research necessary to report drug stories adequately is no different from the basic requirement for any other story genre. However, the drug subculture itself has generally proven alien to the journalist over the years. This is changing somewhat as those young people, who "grew up" with drugs as a casual part of their teenage and college years, enter newsrooms.

Too, the increasing visibility of reporters from a ghetto or *barrio* background bodes well for the reporting that is to be done in the drug field since drugs have long been a more intrinsic—or at least a different and less concealed—part of the ghetto and *barrio* cultures than they have been in white suburbia from which most reporters have come before.

What follows in the first of the four parts of this section are thoughts which may be of some interest to the reporter trying to establish drug issue inroads.

What Is "Drug Abuse"?

Improbable though it may seem, even the term "drug abuse" has been a contested issue for some time and deserves to be more closely considered journalistically. The National Commission on Marihuana and Drug Abuse devoted most of the first part of its 1973 report to this issue.

Until recently, the tendency has been to define "drug abuse" within the scope of the sale and use/abuse of drugs whose possession and sale, under all or certain conditions, are illegal. And such drug use has played a major role in the totality of drug use/abuse.

However, an increasingly pervasive view of late has been the notion that "drug abuse" consideration should also involve such

diverse areas as nicotine and caffeine abuse; alcoholism and alcohol abuse; improper prescription or improper use of prescribed drugs; overmanufacture and careless distribution of prescription medicines (particularly amphetamines and barbiturates); and the spectrum of drug misuse by persons within the medical profession.

The changing nature of street drug use lends some weight to the argument for broadening the definition. In Harlem, for instance, which probably has the most active and varied drug trade of any community in the United States, street sources in mid-1974 reported that heroin, the apparently preferred drug for decades, now ranks third in the close competition for drug of choice, with cocaine first and methadone second. Nonetheless, the same street sources (and any casual stroll through the heart of the ghetto) will also confirm that alcohol is the most widely consumed and abused drug. Coupled with this is the now widely acknowledged and reported trend toward simultaneous use of methadone and alcohol (most notably wine).

In the suburbs, alcohol and barbiturates have become the most noticeable drugs of late; they have perhaps always been so.

It is important, therefore, to retain the broadest personal definitions of "drug" and "drug abuse," if any perspective in this complex reporting area is to be achieved.

We tend to forget sometimes that alcohol and nicotine are both drugs and that each kills or affects more people, directly or indirectly, than heroin or any of the "bad" drugs of which we, our editors and our readers are afraid.

The Alien Culture Attitude and the "Zombie Phenomenon"

For some reason newsmen often have a tendency to adopt an attitude toward street-level sources in the drug field that suggests fear and hatred. Reporters in many instances have tended to relate to drug users, particularly heroin addicts, as they would to zombies; it's the same attitude sometimes reflected in contacts with ghetto residents at large and prison inmates: that drug users are somehow fundamentally different from the reporter or what the reporter perceives as "good people."

Experience on the street should suggest, however, that something of the opposite is true. A few sojourns in the drug culture should be enough to convince a journalist that while some drug users may have personality defects the newsman does not, most drug users have many normal human desires, aspirations and attitudes, and are involved with drugs through circumstance, in many instances, or honest curiosity and acceptable moral values in others.

Contacts with heroin addicts should be no different, from the reportorial point of view, than those with city councilmen, police or physicians. Too often, a reporter's demeanor openly reflects discomfort, contempt and even hatred, on one extreme, and misplaced pity and condescension on the other. While reporters may honestly have such feelings, their open demonstration on the street is unwise (and demonstrably unwarranted in most instances). More important, these attitudes are apt to produce untrustworthy or distorted information.

It may take a conscious effort to avoid relating to drug users as aliens, but this effort must be made honestly and successfully if copy is to result that is free of the many cliché beliefs which have rendered drug journalism suspect.

Source Cultivation

A fundamental problem for the reporter attempting to develop source inroads into the drug scene is frequently the feeling of uncertainty as to how—or where—to proceed. Quick access to users and sellers is indispensible in assembling many drug stories.

It is not necessary to assume the role of the hipster and speak the language of the street to build source confidence. Reasoning, fair-mindedness and a spirit of mutual respect by reporter and source are sufficient in this field as they are in so many others.

A few tips to finding the first source: First, in many urban areas, institutions generically known as free clinics have sprung up over the last few years which cater to drug users, among others. Generally of a grass-roots nature, free clinics can be an important source tool for the reporter. Vital here is the understanding that such sources can be irreparably damaged if clinic personnel and patients feel they are being used. Take this gently at first; you will have to be reasonably open and honest.

Second, users and to a certain extent sellers can be contacted through treatment programs, provided many of the same strictures of behavior which apply to relations with free clinics are observed. There is a certain amount of public relations in running any treatment program and the temptation to be oversold on a specific organization is a hazard. Treatment organizations, however, can provide a reporter's vehicle to reach potential sources.

Third, just as many reporters assigned to develop gambling coverage have found a bookie in the composing room, there is some potential to be realized among employees of newspapers in a variety of departments here, too. As in the free clinic and treatment program areas, giving the sensation that such a source is being used can be terribly counterproductive.

Are You Scared of the Story?

For too many years, drug stories have tended to convey fear, especially those which have dealt with drugs and their effects. Innate formulae have developed which restrict many "drug stories" to fitting criteria which make the drug culture seem horrid and evil; drug abuse law enforcement seem justly stern; and treatment programs filled with devoted professionals wearing clean white coats. In reality, each of these three stereotypes is equally erroneous.

How many editors have killed copy with the remark: "If we run that, we'll have the entire city trying [name of drug]." This action has probably occurred much too frequently. There's a danger here: the danger of the lie. News media contributed to scare propaganda about marijuana from the thirties through the early seventies, with the result that incidence of marijuana use may have appreciated accordingly; the same goes for heroin.

Simply put, the best approach for the drug reporter is to question everything and believe nothing without verification, but to accept the fact that reality may contradict his instincts and fly in the face of what he wants to believe.

Making Purchases and Handling Drug Buys

Any time a story on drug trafficking is being developed, there seems to be a need to attempt to make street purchases just to see if this

can be done. While this tool has been overused, it still has some utility. Remember, however, that possession laws do not exempt reporters engaged in research; embarrassed law enforcement agencies may seek to file or threaten to file possession charges.

Always (and this is one of the few inviolates in this field) keep editorial supervisory personnel informed about purchasing plans; have them aware of where, when, with whom and how you may be a witness or a party to a transaction.

The Drug Abuse Numbers Game

In any drug story, the *number* of users, addicts, sellers or whatever is likely to play an important part. Statistics can be used to demonstrate the need for a treatment program and increased law enforcement or for any of a variety of purposes. Over the years, however, it has become apparent that many basic numbers are at best erroneous and in some cases fabricated.

The best example of this was probably the federal government's 1971 claim that there were 559,000 heroin addicts in the United States. In reality, the figure, whose purpose was to shock and generate fear that could and did result in massive appropriations for the Nixon era "heroin war," was deliberately contrived and was, in fact, more than twice the largest estimate (250,000) responsibly made up to that time.

In this field, more than any other, lying with statistics has become a way of life.

The journalist must demand to know how numbers have been derived. And there are still some good stories waiting to be written by people who can develop the resources to debunk basic numerical assumptions.

Judging Drug Values; Yes, the Police Do Lie

One of the most blatantly erroneous areas of drug reporting through recent years has been value placed on quantities of confiscated or recovered drugs. Many law enforcement agencies have proven themselves unwilling or unable to assess accurately the monetary value of what they have seized, and news media have simply passed along the police figures.

At first glance, it might seem that the value of a pound of marijuana or 10 or 100 bags of heroin on the street is a comparatively minor point. In ways, it is, since street value has little importance for many aspects of public policy.

The problem here is, however, that playing along with police value figures can impair the credibility of whatever medium does so. The damage to credibility is particularly acute among masses of readers and listeners who are also drug users. Additionally, extravagant false claims of the value of seized drugs instill a misleading impression of the grandeur of the seller life style. In subtle ways, pandering to the police directly affects attitudes in favor of a distorted image of the drug culture.

There should be no reason why a reporter cannot check and then challenge a police value figure, though for some drugs this is easier than for others. There may be some resistance among editorial management to question or contradict a police figure in print or on the air, but the reporter's concern for accuracy demands this.

Does all this assert that police are liars? In *some* cases, yes. Police may seek to exaggerate their own achievement in an arrest or raid, and upping the value of confiscated drugs is a convenient ploy. More frequently, it is simple fact that police intelligence is not as good as it should be and officers just don't know the accurate value of drugs, which can change seasonally or through other vagaries of the system of supply and demand. In much of the country today, for instance, police compute street value of bulk quantities of marijuana by estimating the number of individual cigarettes that could be rolled from the recovered amount. Then, assigning a value per cigarette, they do some multiplication. The error is that marijuana is almost never retailed by the cigarette today, although it was decades ago.

Hard and fast rules or formulae are almost impossible to supply since so much regional deviation in retailing, bulk quantity prices and the like can be observed. But what follows should serve as some guidance for verification of values.

It is essential to remain aware of the common street unit of sale for drugs of all sorts, their retail price and the amount of pure substance they contain. This should not be difficult. Treatment programs, free clinics or user/seller sources can provide this information reliably in most cases.

When a bulk quantity is reported seized, an estimate of its retail value can be made by computing the number of street sale units in the quantity, the value of each and the gross value.

For instance, a kilogram, or 2.2 pounds, is a common wholesale quantity of marijuana. Marijuana is most commonly retailed by the ounce. Allowing for some short-weighting by the retailer, perhaps 40 "ounces" could be sold from one kilo. The price per ounce should be easy to get: for example, assume it is $15. That means the retail value of the kilo is $600.

Heroin presents more of a challenge, since heroin is virtually never retailed in its pure form; marijuana is seldom retailed in cut form. Again a kilo is a wholesale quantity of heroin, although ounces or pounds will be found more frequently. In large quantity wholesale form, heroin is usually almost pure; perhaps 85 to 95 percent.

It is necessary to find out the gross weight of a unit of sale (in most cities a "bag" of some sort, whether the container is a glassine envelope, a balloon or aluminum foil). In New York, for example, "bags" contain about 100 milligrams of material. Street heroin in recent years has been 2 to 5 percent pure; in other words, 2 to 5 milligrams of the bag is actually heroin.

A kilogram contains 1 million milligrams. Assume the bag costs $5, and is 5 percent pure. That is one dollar per milligram, or $1 million for the kilogram of pure heroin.

The quick way is to stay aware of the street cost of 1 milligram of pure heroin. If this basic price is correct, then computation of bulk quantity value is fairly easy.

Cocaine presents the most difficult drug to monitor since its purity is highly variable and it is commonly sold in street units of irregular weight. In some parts of the country, a gram is a common unit of sale; but in others, the unit is called a "spoon" and may contain weights that vary from sale to sale. Cocaine is almost always cut substantially. An estimate of the street cost of a pure milligram of cocaine will be more difficult and less reliable, but if computation is done as for heroin, the result should provide a rough estimate for verification purposes.

Legally manufactured drugs, like amphetamines and barbiturates, are usually retailed on the black market on a per-pill basis. A seized

quantity can then be assessed by multiplying the street cost of one dosage unit by the number of pills recovered.

LSD, if seized in a bulk quantity, can present a problem. If seized in dosage units, all that must be done is a pill-like multiplication based on the true street cost of one dose, regardless of its form (capsule, tablet and dried drops on paper are the most common). If a bulk quantity has been recovered, an attempt should be made to verify the number of micrograms in street units of sale, then the number of micrograms in the bulk lot.

Hashish, a gumlike substance of marijuana resins, is commonly sold by weight (usually by the gram). It is seldom cut and presents a simple question of division and multiplication.

It may be possible to develop sources which can provide bulk values. Chances are good that sources from the drug culture will be a more reliable barometer of drug values than the police. Although the quality of police estimations has improved in some parts of the country, it should remain a caveat for the reporter working on a drug story to measure the expediency of taking a raw police estimate against the chance for further erosion of credibility.

All of the above notwithstanding, it is important to reemphasize that drug prices vary geographically and seasonally. A kilogram of marijuana seized in San Diego and intended for distribution in Southern California may be worth a third or half as much at the retail level as the same quantity uncovered in Boston. Marijuana prices fluctuate like soybean futures: there is good reason for this, both products are agricultural. Heroin may come from Mexico to Texas and Arizona or from France to New York. Cocaine may be distributed via Miami from Central America or via Los Angeles from Mexico.

Even with some improvement in the accuracy of retail price reporting, it may prove incorrect to use a retail value figure for a wholesale quantity, just as assessment of the value of the cargo of an oil tanker would not be made in the form of a price for the refined oil products that could result. In many cases, if a drug shipment is intercepted at the wholesale quantity, reporting the wholesale value, and disregarding conversion to retail figures, may prove the most accurate approach.

The Myth of the $150-a-Day Heroin Habit

Just as distorted values assigned to seized drugs affect credibility, so do inflated reports of the cost of maintaining a heroin habit. News media have frequently cited—without bothering to investigate their veracity—figures of as much as $100 to $500 a day. However, careful research will probably reveal to any reporter in most any city that such alleged costs are, almost invariably, the very rare exception and not the general rule. In many cities, especially those with no unusual heroin supply problem, these figures must be characterized as fiction—part of the cultural bravado of the junkie or the misinformation of police and other "authorities."

Whenever an expenditure level is alleged, it behoves the journalist to investigate thoroughly before reporting the figure. Take a recent New York City local news program which purported to offer advice supplied by burglars on preventing burglaries. One of the "experts" said he had to steal enough to satisfy a $350-per-day habit. That is 175 $2 street bags of heroin, more than 10 times as much as the average addict requires to maintain himself or, perhaps, to get high on the drug.

In reality, most heroin habits in recent years have been in the $10-to-$30-per-day range, with expenditures above $50-per-day rare and above $100 almost completely fictional.

Erroneous reports of user drug expenditures are harmful for many of the same reasons as inaccurate police value claims. Unaware reporters may find themselves victimized by the addict/user street hustle which requires the addict to manipulate people around him to maintain his own peace of mind.

A good check here, whenever research requires procurement of drug expenditure levels, is to insist that the provider of the figure also break down the expenditure into drug quantities. Depending to some degree on local street purity of drugs, it should be fairly easy to determine whether the user is providing a credible figure.

Although these inflated figures sound spectacular, newsmen should remember: the mere fact that an individual is a member of the street culture does not guarantee his providing accurate information.

Resource Organizations of National Importance

The thirty organizations listed below represent only a fraction of the associations, agencies and groups with interest in some aspect of the drug field. Those included here have been selected on the basis of broad interest and utility. Because names of principals may change from time to time, these listings are presented in such a manner as to make updating convenient.

Resources of General Drug Interest

Addiction Research Foundation
701 Welch Road
Palo Alto, California 94304
(415) 321-8339
Avram Goldstein, M.D., Director

Does pharmacological research primarily on methadone and narcotic antagonists. Goldstein has been involved in research to attempt to isolate the "opiate receptor" or portion of the brain on which opiates act.

Addicts Rights Organization
c/o Joseph R. Wenk, Counsel
Villanova University Law School
Villanova, Pennsylvania 19085
(215) 527-2100

First organization in the country to take on advocacy of civil rights of drug addicts. Has been extremely active in and around Philadelphia.

California Department of Corrections
714 P Street
Sacramento, California 95814
(916) 445-4950
Phil Guthrie, Information Officer

Agency operates California's civil addict commitment program, centered at:
California Rehabilitation Center
Box 841
Corona, California 91720
(714) 689-4552

Daytop Village, Inc.
54 West 40th Street
New York, New York 10018
(212) 354-6000
Michael Abrams, Spokesman

Daytop is a therapeutic community chain with operations in New York, New Jersey and elsewhere. It has served as a model for other such programs and many local organizations with the name "Daytop" are not affiliated formally with the above organization.

Drug Abuse Council, Inc.
1828 L Street, N.W.
Washington, D.C. 20036
(202) 785-5200
Thomas E. Bryant, M.D., President
Martha M. Mitchell, Director of Information Services

The Drug Abuse Council, funded by a consortium of foundations, carries on a variety of research and public policy analysis projects. Its library is probably the best such facility in the subject area. In addition, the Council staff offers a body of background information of some interest to the journalist.

Haight-Ashbury Free Medical Clinic
1698 Haight Street and
529 Clayton Street
San Francisco, California 94117
(415) 621-2015
(415) 621-2014
David E. Smith, M.D.
John Newmeyer, Ph.D.

In existence since the early San Francisco soft-drug movement, the Haight-Ashbury Free Medical Clinic has been continuously involved in a wide variety of research, most notably in drug user epidemiology.

National Coordinating Council on Drug Education
1526 18th Street, N.W.
Washington, D.C. 20036
(202) 332-1512
Joseph F. Corcoran, Executive Director

Private organization monitoring drug abuse education efforts.

National Free Clinic Council
1304 Haight Street
San Francisco, California 94117
(415) 864-6232.
Sarah Dowdy-Glenn, Executive Director

Umbrella group monitoring the interests of free clinic organizations nationally.

New York State Drug Abuse Control Commission
See state drug program listings, p. 47.

DACC, the largest of the single state agencies, offers a wide variety of staff expertise in many drug areas of national interest.

Odyssey Institute
208 East 18th Street
New York, New York 10011
(212) 260-3300
Judianne Densen-Gerber, M.D., President
James Murphy, Executive Director

Odyssey is a large therapeutic community organization with branches throughout New York City and several states.

Phoenix House Foundation, Inc.
164 West 74th Street
New York, New York 10023
(212) 595-5810
Mitchell S. Rosenthal, M.D., President

Phoenix operates eleven drug-free facilities in New York City and is one of the largest therapeutic community organizations in the country.

Synanon Foundation, Inc.
1910 Ocean Front Walk
Santa Monica, California 90406
(213) 399-9241

Synanon operates facilities in several cities, the major one in Santa Monica. Synanon, founded in the fifties, originated the drug-free therapeutic community now in widespread use.

United Nations Social Defence Research Institute
Via Giulia, 52
Rome, Italy 00186
Rome telephones: 65.16.10, 65.53.01, 65.74.37
Pieder Konz, Director

UNSDRI includes the International Research Group of Drug Legislation and Programmes, a research organization monitoring drug laws and programs at the international level.

U.S. Conference of Mayors, Drug Task Force
1620 Eye Street, N.W.
Washington, D.C. 20006
(202) 293-7172
Mel Bergheim, Press Spokesman

Subgroup of the Conference of Mayors, giving consideration to urban drug problems.

Federal Agencies with Drug Responsibility

Drug Enforcement Administration
1405 Eye Street, N.W.
Washington, D.C. 20537
(202) 382-5551, 382-4315
(202) 382-5216 (Press Office)
Peter B. Bensinger, Administrator

Federal drug enforcement agency created in 1973 by a merger of the Bureau of Narcotics and Dangerous Drugs and the Office of Drug Abuse Law Enforcement. In addition to the Washington central office, DEA maintains these field offices and laboratories:

Region	*Address*
1 (Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut)	J.F. Kennedy Building Boston, MA 02203
2 (New York, New Jersey)	555 West 57th Street New York, NY 10019
3 (Pennsylvania, Delaware)	400 Market Street Philadelphia, PA 19106
4 (Maryland, West Virginia, Virginia, North Carolina, District of Columbia)	31 Hopkins Place Baltimore, MD 21201
5 (Florida, Georgia, South Carolina)	201 N.E. 12th Street Miami, FL 33132
6 (Michigan, Ohio, Kentucky)	357 Federal Building and Courthouse Detroit, MI 48226
7 (Illinois, Indiana, Wisconsin)	Dirksen Federal Office Building Chicago, IL 60604
8 (Louisiana, Mississippi, Arkansas, Tennessee, Alabama)	1001 Howard Avenue New Orleans, LA 70113

10 (Missouri, Iowa, Minnesota, South Dakota, North Dakota, Nebraska, Kansas)	U.S. Courthouse 811 Grand Avenue Kansas City, MO 64106
11 (Texas, Oklahoma)	1100 Commerce Street Dallas, TX 75202
12 (Colorado, Arizona, New Mexico, Utah, Wyoming)	P.O. Box 1860 U.S. Customs House Denver, CO 80202
13 (Washington, Oregon, Idaho, Montana, Alaska)	221 First Avenue West Seattle, WA 98119
14 (California, Nevada, Hawaii)	1340 West Sixth Street Los Angeles, CA 90017

Laboratory	*Address*
New York, NY 10007	90 Church Street
Washington, DC 20537	460 New York Avenue, N.W.
Chicago, IL 60607	New Post Office Building
Dallas, TX 75202	1114 Commerce Street
San Francisco, CA 94102	450 Golden Gate Avenue
Miami, FL 33132	201 N.E. 12th Street
McLean, VA 22101	7704 Old Springhouse Road

Food and Drug Administration
5600 Fishers Lane
Rockville, Maryland 20852
(202) 443-3285
Ed Nida, Press Officer
Buddy Stonecipher, Director
Methadone Monitoring Staff

FDA certifies drugs for legal distribution in the United States. The agency's methadone monitoring staff oversees operations of methadone programs and audits the distribution of methadone.

Veterans Administration, Alcohol and Drug Dependence Service
810 Vermont Avenue, N.W.
Washington, D.C. 20402
(202) 638-2966
Harry A. McKnight, Acting Director

Alcohol, Drug Abuse and Mental Health Administration
5600 Fishers Lane
Rockville, Maryland 20852
(202) 655-4000
James Helsing, Public Affairs Director

ADAMHA is a new, umbrella agency with authority over the National Institute of Mental Health, National Institute on Drug Abuse and National Institute on Alcohol Abuse and Alcoholism. As such, it has ultimate responsibility for the National Clearinghouse for Drug Abuse Information.

National Istitute on Alcohol Abuse and Alcoholism
5600 Fishers Lane
Rockville, Maryland 20852
(301) 656-4000
Harry Bell, Public Affairs Director

National Institute on Drug Abuse
(Branch of ADAMHA)
Rockwall Building
11400 Rockville Pike
Rockville, Maryland 20852
(301) 656-4000
Robert L. DuPont, M.D., Director
Joshua Hammond, Communications Director

Replaced SAODAP as agency principally in charge of federally funded drug treatment efforts.

National Institute on Mental Health
5600 Fishers Lane
Rockville, Maryland 20852
(301) 656-4000
Dr. Bertram Brown, Director

National Clearinghouse for Drug Abuse Information
11400 Rockville Pike
Rockville, Maryland 20852
(202) 655-4000
Ms. Susan Lachter, Chief, Technical Information Section

Professional Groups

American Bar Association
1155 East 60th Street
Chicago, Illinois 60637
(312) HY 3-0533
Ralph Hagen, Press Spokesman

American Medical Association
535 North Dearborn
Chicago, Illinois 60610
(312) 527-1500
Frank Campion, Communications Division

American Psychiatric Association
700 18th Street, N.W.
Washington, D.C. 20009
(202) 232-7878
Dr. Walter E. Barton, Medical Director

American Public Health Association
1015 18th Street, N.W.
Washington, D.C. 20036
(202) 467-5000

Distilled Spirits Council of the United States
1300 Pennsylvania Building
Washington, D.C. 20004
(202) 628-3544
Paul Gavaghan, Spokesman

National Association of State Drug Abuse Program Coordinators
Suite #900
1612 K Street, N.W.
Washington, D.C. 20006
(202) 659-7632
Rayburn F. Hesse, Executive Director

Special interest organizations representing the drug abuse treatment industry in Washington. Maintains drug industry job bank, undertakes some research and statistical monitoring.

Pharmaceutical Manufacturers Association
1155 15th Street, N.W.
Washington, D.C. 20005
(202) 296-2440
Claudia Baskin, Director of Media Relations

Marijuana Informational Resources

National Organization for the Reform of Marijuana Laws (NORML)
2317 M Street, N.W.
Washington, D.C. 20037
(202) 223-3170
R. Keith Stroup, Director

NORML is a national marijuana advocacy organization. Its Washington staff includes Stroup and attorney Peter Meyers. In addition, NORML maintains the following regional offices, some of them staff full-time, others part-time:

Gordon Brownell
NORML
2964 Fillmore Street
San Francisco, California 94123
(415) 563-5858

Marsha Semules
NORML
3 Joy Street
Boston, Massachusetts 02108
(617) 227-9469

Frank Fioramonte
NORML
1457 Lexington Avenue
New York, New York 10028
(212) 866-7067

Paul Kuhn
NORML, Suite #2900
150 South Wacker Drive
Chicago, Illinois 60606
(312) 266-8248

A Guide to Individual Resources

A comprehensive directory of every potential individual resource for drug information would require the space of the telephone book of a small city. Criteria for inclusion of sources in this section are based predominantly on import and current significance, but the reporter pursuing a specific story should *not* expect to find every resource necessary here. The individuals selected for inclusion in this part, however, can provide access to others in their fields and can serve in many cases as providers of an overview. Too, these resources are frequently referred to in the fields in which they have expertise. At the end of this pamphlet, ample space has been provided for the individual journalist to add local contacts of his own. In preparing the listings in this part I have attempted to avoid resources which are not of national prominence.

Addicts Rights

Wenk, Joseph (Director of Philadelphia Addicts Rights Organization), Professor of Law, Villanova University, Villanova, Pa. 19085. (215) 527-2100. See p. 26.

Altered States of Consciousness

Weil, Andrew T., M.D. (one of the most prominent researchers in the general field of how and why people seek to alter their consciousness). Weil has no permanent address, but may be reached in care of: Institute of Current World Affairs, 535 Fifth Avenue, New York, N.Y. 10017. (212) 986-4355.

Zinberg, Norman E., M.D. (leading authority on altered states of consciousness, Vietnam heroin use and other areas), Harvard University, Cambridge, Mass. (617) 354-2020, ask for "drug unit."

Antagonists

Kleber, Herbert D., M.D. (treatment professional), Drug Dependence Unit, Connecticut Mental Health Center, New Haven, Conn. (203) 772-3300.

Resnick, Richard, M.D. (antagonist researcher), New York Medical College, New York City. (212) 369-7900.

Drug-Free Therapy

Densen-Gerber, Judianne, M.D., President, Odyssey Institute, New York City. (212) 260-3300, see p. 29.

Rosenthal, Mitchell, M.D., President, Phoenix House, New York City. (212) 595-5810, see p. 29.

Drug Law

Bonnie, Richard, attorney and law professor (formerly Associate Director of the National Commission on Marihuana and Drug Abuse. One of the key thinkers in the drug law area, particularly marijuana). Reachable at University of Virginia Law School, Charlottesville, Va. 22091. (804) 924-3654.

Drug Enforcement Administration, Washington Press Office. (202) 382-5216. DEA maintains regional offices throughout the country which coordinate the agency's activities in various locales. DEA's administrator in Washington is Peter B. Bensinger, See p. 30.

Ingersoll, John (former Director, Bureau of Narcotics and Dangerous Drugs), Director of Security, IBM World Trade Corp., New York, N.Y. (212) 983-7153.

Moore, Mark (analyst of drug law enforcement techniques), J.F. Kennedy School of Government, Harvard University, Cambridge, Mass. (617) 495-4790.

Pomeroy, Wesley, A. (former Administrator, Law Enforcement Assistance Administration. Did research on attitudes of police chiefs of major cities on drug issues). Presently Chief of the Berkeley, Calif., Police Department (415) 644-6743.

Wald, Patricia M., attorney (consultant to National Commission on Marihuana and Drug Abuse), affiliated, Center for Law and Social Policy, Washington, D.C. (202) 872-0670.

Drug User Epidemiology

Newmeyer, John (drug epidemiologist), Haight-Ashbury Free Medical Clinic, San Francisco, Calif. (415) 621-2015, see p. 28.

Smith, David, E., M.D. (without question the top resource on many aspects of drug epidemiology, the youth drug scene, etc.), Haight-Ashbury Free Medical Clinic, San Francisco, Calif. (415) 621-2015, see p. 28.

General Interest

Blum, Richard H., Ph.D., Director, Joint Program in Drugs, Crime and Community Studies, Stanford University, Palo Alto, Calif. 94305. (415) 497-2300.

Brecher, Edward M., author of *Licit and Illicit Drugs*, West Cornwall, Conn. (203) 672-6561.

Bryant, Thomas E., M.D., President, Drug Abuse Council, Inc. (202) 785-5200, see p. 27.

Dumont, Matthew, M.D. (opponent of Nixon-era drug policies), Department of Drug Rehabilitation, Boston, Mass. (617) 727-8614.

DuPont, Robert L., M.D., Director, National Institute on Drug Abuse, Rockville, Md. (301) 659-4000, see p. 32.

Food and Drug Administration, Press Office, Washington, D.C. (202) 443-3285.

Freedman, Daniel X., M.D. (consultant to National Commission on Marihuana and Drug Abuse and member of the Board of Directors, Drug Abuse Council, Inc.), Chairman, Department of Psychiatry, University of Chicago, Chicago, Ill. 60637. (312) 947-6481.

Goldberg, Peter (authority on program effectiveness), Program Analyst, Drug Abuse Council, Inc., Washington, D.C. (202) 785-5200, see p. 27.

Hammond, Joshua, Communications Director, National Institute on Drug Abuse, Rockville, Md. (301) 659-4000, see p. 32.

Hunt, Leon G. (researcher into spread of heroin addiction into medium- and small-sized metropolitan areas), Alexandria, Va. (703) 548-8165.

Jaffe, Jerome, M.D. (former Director, Special Action Office for Drug Abuse Prevention and architect of the Nixon-era drug war), now on the faculty of the Columbia University College of Physicians and Surgeons, New York City. (212) LO8-4000.

Josephson, Eric, M.D., Associate Professor of Public Health, Columbia University, and Director of NIDA-funded Center for Sociocultural Research on Drug Use at Columbia for five years ending in 1979. Project includes research in continental United States on drug marketing and comparative drug use in Israel, England and other countries). (212) 579-3912.

Kunnes, Richard, M.D. (author and polydrug researcher), Ann Arbor, Mich. (313) 761-2795.

Musto, David, M.D. (drug policy historian), Yale University, New Haven, Conn. (203) 776-0038, 436-8220.

Senay, Edward C., M.D., Director, Illinois Drug Abuse Program, 1440 S. Indiana, Chicago, Ill. 60605. (312) 793-5190.

Sonnenreich, Michael, attorney (former Executive Director, National Commission on Marihuana and Drug Abuse), Washington, D.C. (202) 965-4150.

Washington, Edward (former program administrator), Director, Public Services Division, Drug Abuse Council, Inc., Washington, D.C. (202) 785-5200, see p. 27.

Marijuana

Aldrich, Michael (marijuana historian), c/o National Organization for the Reform of Marijuana Laws, 2964 Fillmore St., San Francisco, Calif. 94123. (415) 563-5858.

Brownell, Gordon, West Coast Director, National Organization for the Reform of Marijuana Laws, 2964 Fillmore St., San Francisco, Calif. 94123 (415) 563-5858, see p. 34.

Finlator, John (former Deputy Director, Bureau of Narcotics and Dangerous Drugs, authority in drug law enforcement), 2710 Beechwood Place, Arlington, Va. 22207. (703) 522-8578.

Fort, Joel, M.D. (marijuana researcher), 817 Shevlin Drive, El Cerito, Calif. 94530. (415) 525-5050.

Grinspoon, Lester, M.D. (expert on marijuana medical effects), Massachusetts Mental Health Center, 74 Fenwood Road, Boston, Mass. 02115. (617) 734-1300.

Heath, Robert G. (Tulane University marijuana researcher who found marijuana use inhibited brain function in monkeys. Findings challenged when Heath revealed dosage had been equivalent to 20 to 240 marijuana cigarettes per day). (504) 865-4011.

Kolodny, Robert (marijuana researcher at Reproductive Biology Research Foundation whose findings held that marijuana use reduced sex hormone levels in men). (314) 361-2377.

Nahas, Gabriel (anti-marijuana researcher who has noted inhibition of disease resistence among marijuana smokers), Columbia University College of Physicians and Surgeons, New York, N.Y. 10032. (212) 579-3455.

Pollin, William, M.D., chief of marijuana research for National Institute on Drug Abuse, Rockville, Md. (301) 656-4000.

Stenchever, Morton A. (University of Utah marijuana researcher who found chromosome breakage among smokers). (801) 581-7200.

Stroup, R. Keith, Director, National Organization for the Reform of Marijuana Laws, Washington, D.C. (202) 223-3170, see p. 34.

Ungerleider, J.T., M.D. (marijuana researcher, member of National Commission on Marihuana and Drug Abuse), UCLA Neuropsychiatric Institute, 760 Westwood Plaza, Los Angeles, Calif. 90024. (213) 825-0293.

Methadone

Dole, Vincent, M.D. (methadone maintenance treatment developer), Rockefeller University, New York City. (212) 360-1312. (husband of Marie Nyswander).

Gearing, Frances Rowe, M.D. (methadone program success evaluator), Associate Professor of Epidemiology, Columbia University, New York City. (212) 795-7900.

Lukoff, Irving (researcher in criminal involvement of methadone patients, participant in project to study heroin marketing system), Professor of Social Work, Columbia University, New York City. (212) 280-4483.

Newman, Robert G. (former Director, New York City Methadone Maintenance Treating Program). (212) 966-6312. (close associate of Drs. Vincent Dole and Marie Nyswander).

Nyswander, Marie, M.D. (methadone maintenance treatment developer), Rockefeller University, New York City. (212) 360-1000. (wife of Vincent Dole).

Overdose

Baden, Michael, M.D. (authority on overdose phenomena), Deputy Medical Examiner, New York City. (212) MU4-1600.

Polydrug Use

Bourne, Peter G., M.D. (former Deputy Director, Special Action Office for Drug Abuse Prevention and authority on polydrug abuse), now consultant to the Drug Abuse Council, Washington, D.C. (202) 785-5200, see p. 27.

State Drug Treatment/ Control Organizations

Under current federal legislation, each state and territory is required to maintain a "single state agency" to coordinate drug treatment, prevention and education programs. The following listing of these organizations, their telephone numbers and principal administrators has been compiled by the National Association of State Drug Abuse Program Coordinators (see p. 33) and supplemented by questionnaire inquiries directed to the attorneys general of the 50 states. Information contained herein is current as of late 1975, but should be verified for inclusin in copy.

ALABAMA: John Watkins, Division Administrator, Alcohol & Drugs, Department of Mental Health, 145 Molton Street, Montgomery 36104; (205) 265-2301, Ext. 224

George Culver, Director of Drug Abuse, Department of Mental Health, 145 Molton Street, Montgomery 36104; (205) 265-2301, Ext. 294

ALASKA: Francis S. L. Williamson, Commissioner, Department of Health & Social Services, Pouch H-01, Juneau 99811; (907) 465-3030

Mary Beth Hilburn, Coordinator, Department of Health & Social Services, Pouch H-01D, Juneau 99811; (907) 465-3366/3367

ARIZONA: James A. Fausel, Acting Chief, Drug Abuse Program, 2500 E. Van Buren Street, Phoenix 85008; (602) 271-4527

Susanne Dandoy, Acting Director, State Department of Health Services, 1740 W. Adams Street, Phoenix 85007; (602) 271-4525

ARKANSAS: Miles D. Waldron, Arkansas Drug Abuse Authority, State Department of Health, 4120 W. Markham Street, Little Rock 72205; (501) 371-2604

CALIFORNIA: Stuart Snider, Executive Director, State Office of Narcotics and Drug Abuse Coordination, 915 Capitol Mall, Room 235, Sacramento 95814; (916) 322-2350

William Wilder, Manager of Program Operations, State Office of Narcotics and Drug Abuse Coordination, 915 Capitol Mall, Sacramento 95814

COLORADO: Graydom Dorsch, Director, Alcohol and Drug Abuse Division, Department of Health, 4210 E. 11th Avenue, Denver 80220; (303) 388-6111, Ext. 227

CONNECTICUT: Walter Stewart, Executive Director, Connecticut Drug Council, 90 Washington Street, Hartford 06115; (203) 566-3403

DELAWARE: William Merrill, Director, Office of Drug Abuse Control, 3000 Newport Gap Pike, Wilmington 19808; (302) 998-0527

FLORIDA: Frank D. Nelson, Bureau Chief, Bureau of Drug Abuse Prevention, Division of Mental Health, 1323 Winewood Boulevard, Tallahassee 32301; (904) 488-5493

GEORGIA: T. M. Parham, Commissioner, Georgia Department of Human Resources, 47 Trinity Avenue, S.W., Room 620-S, Atlanta 30334; (404) 656-5680

Jane K. Campion, Director, Alcohol and Drug Section, 618 Ponce de Leon Avenue, N.E., Atlanta 30308; (404) 894-4785

HAWAII: Director, Substance Abuse Agency, 1270 Queen Emma Street, Room 404, Honolulu 96813; (808) 548-7655

IDAHO: Sam Adams, Director, Substance Abuse Authority, Department of Health and Welfare, Len B. Jordan Building, Room 327, Boise 83720; (208) 384-3920

David Doten, Administrator, Substance Abuse, Department of Health and Welfare, Len B. Jordan Bldg., Room 327, Boise 83720; (208) 384-3920

ILLINOIS: Thomas B. Kirkpatrick, Jr., Director, Illinois Dangerous Drugs Commission, 300 N. State Street, Suite 1500, Chicago 60616; (312) 822-9860

INDIANA: William F. Griglak, Director, Division of Addiction Services, Department of Mental Health, 5 Indiana Square, Indianapolis 46204; (317) 633-4477

IOWA: Fred S. Brinkley, Jr., Director, Iowa Drug Abuse Authority, 615 E. 14th Street, Des Moines 50319; (515) 281-3641

KANSAS: Francis J. Gerner, Ph.D., Acting Director, Kansas Drug Abuse Unit (Alcohol & Drug Section), Department of Social and Rehabilitative Services, 2014 Topeka Avenue, N.W., Topeka 66608; (913) 296-3925

KENTUCKY: William P. McElwain, M.D., Commissioner, Bureau for Health Services, 275 E. Main Street, Frankfort 40601; (502) 564-3970

Howard Rosenberg, Supervisor, Drug Abuse Section, 275 E. Main Street, Frankfort 40601; (502) 564-7610

LOUISIANA: Wayne Heap, Director, Health & Human Resources Administration, Division of Hospitals, 200 Lafayette Street, Baton Rouge, 70801; (504) 389-2534

Cal Bankston, Coordinator, Health & Human Resources Administration, Division of Hospitals, 200 Lafayette Street, Baton Rouge 70801; (504) 389-2506

MAINE: Michael Fulton, Acting Director, Office of Alcoholism and Drug Abuse Prevention, Bureau of Rehabilitation, 32 Winthrop Street, Augusta 04330; (207) 289-2781

MARYLAND: Howard B. Silverman, Coordinator, Maryland State Drug Abuse Administration, 201 W. Preston Street, 4th Floor, Baltimore 21201; (301) 383-6583

MASSACHUSETTS: Virginia Burns, Director, Division of Drug Rehabilitation, Department of Mental Health, 190 Portland Street, Boston 02214; (617) 727-5890

MICHIGAN: J. Irvin Nichols, Administrator, Office of Substance Abuse Services, 3500 N. Logan Street, Lansing 48914; (517) 373-8600

Maurice S. Reizen, M.D., Director, Office of Substance Abuse Services, 3500 N. Logan Street, Lansing 48914; (517) 373-8600

MINNESOTA: Doyle Kerby, Acting Director, Alcohol and Drug Abuse Section, Department of Public Welfare, 402 Metro Square Building, St. Paul 55101; (612) 296-4611

MISSISSIPPI: David Neely Speights, Director, Division of Drug Misuse, Department of Mental Health, Lee State Office Building, Room 1001, Jackson 39201; (601) 354-7640

Dr. W. L. Jaquith, Executive Director, Department of Mental Health, Lee State Office Building, Room 600, Jackson 39201; (601) 354-6132

MISSOURI: Donald P. Howard, Acting Director, Division of Alcoholism and Drug Abuse, 2002 Missouri Boulevard, Jefferson City 65101; (314) 751-4942

Marion J. Craney, Assistant Director, Division of Alcoholism and Drug Abuse, 2002 Missouri Boulevard, Jefferson City 65101; (314) 751-4942

MONTANA: George L. Swartz, Drug Coordinator, Addictive Disease Unit, Capitol Station, Helena 59601; (406) 449-2827

NEBRASKA: Jeff Kushner, Executive Director, Nebraska Commission on Drugs, State Capitol Building, Lincoln 68509; (402) 471-2691

NEVADA: Paul Cohen, Chief, Bureau of Alcohol and Drug Abuse, 1803 N. Carson Street, Carson City 89701; (702) 885-4790

Roger S. Trounday, Director, Department of Human Resources, 308 N. Curry Street, Carson City 89701; (702) 885-4730

NEW HAMPSHIRE: George Tice, Drug Abuse Coordinator, Office of the Governor, 3 Capitol Street, Room 405, Concord 03301; (603) 271-2754

NEW JERSEY: Richard J. Russo, Director, Division of Narcotic and Drug Abuse Control, 109 W. State Street, Trenton 08608; (609) 292-5760

NEW MEXICO: Steven Morgan, Director, Drug Abuse Program, Department of Hospitals and Institutions, 505 Dom Gaspar, Santa Fe 87501; (505) 827-3251

NEW YORK: Daniel Klepak, Commissioner, New York Drug Abuse Control Commission, New York City Office: 2 World Trade Center 10047; (212) 488-4270, Albany Office: Executive Park South 12203; (518) 457-2061

NORTH CAROLINA: F. E. (Roy) Epps, Director, North Carolina Drug Commission, 222 N. Person Street, Suite 208, Raleigh 27601; (919) 829-4555

NORTH DAKOTA: Richard Elefson, Director, Division of Alcoholism and Drug Abuse, State Department of Health, 909 Basin Avenue, Bismarck 58505; (701) 224-2767

OHIO: Melvin Zwissler, Ph.D., Chief, Bureau of Drug Abuse, 2929 Kenny Road, B-207, Columbus 43221; (614) 466-7604

Timothy B. Moritz, M.D., Bureau of Drug Abuse, 2929 Kenny Road, A-204, Columbus 43221; (614) 466-2337

OKLAHOMA: Hayden H. Donahue, M.D., Director, State Department of Mental Health, P. O. Box 53277, Capitol Station, Oklahoma City 73105; (405) 521-2811

Charles W. Wright, Coordinator, Drug Abuse Services, State Department of Mental Health, P. O. Box 53277, Capitol Station, Oklahoma City 73105; (405) 521-2811

OREGON: Dr. J. Donald Bray, Administrator, Mental Health Division, 2570 Center Street, N.E., Salem 97310; (503) 378-2421

Richard R. Runyon, Assistant Administrator, Programs for Alcohol and Drug Problems, Mental Health Division, 2570 Center Street, N.E., Salem 97310; (503) 378-2163

Clark Crum, Coordinator of Drug Problems, Mental Health Division, 2570 Center Street, N.E., Salem 97310; (503) 378-2163

PENNSYLVANIA: Richard E. Horman, Ph.D., Executive Director, Governor's Council for Drug and Alcohol Abuse, Riverside Office Center, Building #1, Suite N, 2101 N. Front Street, Harrisburg 17110; (717) 787-9857

RHODE ISLAND: Dan Mellor, Administrator, Rhode Island Drug Abuse Program, 153 Eaton Street, Providence 02908; (401) 942-1450

J. Jerry Rodos, Director, Rhode Island Drug Abuse Program, R.I. Medical Center, Building 303, Cranston 02920; (401) 781-6870

SOUTH CAROLINA: William J. McCord, Director, South Carolina Commission on Alcohol and Drug Abuse, Post Office Box 4616, Columbia 29240; (803) 758-2521 or 2183

SOUTH DAKOTA: Roger Merriman, Director, Division of Drugs and Substance Control, Department of Health, Foss Building, Pierre 57501; (605) 224-3123

TENNESSEE: Dr. Elliot Ward, Director, Alcohol and Drug Abuse Section, Department of Mental Retardation, 501 Union Street, 5th Floor, Nashville 37219; (615) 741-1921

TEXAS: Jack Baylor, Director, Department of Community Affairs, State Program on Drug Abuse, 210 Barton Springs Road, Austin 78704; (512) 475-6351

UTAH: Robert Christiansen, Director, Division of Alcoholism and Drugs, 554 South 300 East, Salt Lake City 84111; (801) 533-6532

VERMONT: James Leddy, Interim Director, Alcohol and Drug Abuse Division, Department of Social and Rehabilitation Services, State Office Building, Montpelier 05602; (802) 828-2721

VIRGINIA: Patty Fowler, Virginia Division of Drug Abuse Control, 901 Ninth Street Office Building, Richmond 23219; (804) 786-8517

WASHINGTON: Howard Senter, Director, Drug Abuse Prevention Office, Office of Community Development, 900 Capitol Center Building, Olympia 98504; (206) 753-3073

Patrick Libbey, Coordinator, Thurston-Mason Community Health and Social Services Administrative Board, Thurston-Mason Public Health Building, 529 W. 4th Avenue, Olympia 98501; (206) 753-8071

WEST VIRGINIA: M. Mitchell Bateman, M.D., West Virginia Department of Mental Health, State Capitol, Charleston 25305; (304) 348-3211

Mr. Ray Washington, Division of Alcohol and Drug Abuse, State Capitol, Charleston 25305; (304) 348-3616

WISCONSIN: Larry Monson, Drug Abuse Program Coordinator, Bureau of Alcoholism and Drug Abuse, One W. Wilson Street, Room 523, Madison 53702; (608) 266-7010

WYOMING: Cone J. Munsey, Ed.D., Chief, Mental Health and Mental Retardation Services, State Office Building, Cheyenne 82002; (307) 777-7351

Sidney B. Spiegel, Coordinator, Mental Health and Mental Retardation Services, State Office Building, Cheyenne 82002; (307) 777-7351

DISTRICT OF COLUMBIA: Joseph P. Yeldell, Director, Department of Human Resources, 1350 E Street, N.W., Room 240, Washington 20004; (202) 629-5443

William H. Whitehurst, Jr., Associate Director, Office of Planning and State Agency Affairs, 1350 E Street, N.W., Room 240, Washington 20004; (202) 629-2389

PUERTO RICO; Honorable Rafael Santos-Del Valle, Secretary, Department of Addiction Services, Post Office Box B-Y, Rio Piedras 00928; (809) 764-8189

VIRGIN ISLANDS: Dr. George A. Moorehead, Executive Director, Commission on Alcoholism and Narcotics, Department of Health, Third Floor, Franklin Building, Post Office Box 3668, Charlotte Amalie, St. Thomas 00801; (809) 774-6909

GUAM: Mr. Robert Kogan, Guam Community Mental Health Center, Post Office Box AX, Agana 96910

AMERICAN SAMOA: Director, Department of Medical Services, Pago Pago 96799

MARIANA ISLANDS: Mr. Masao Kumangai, High Commissioner, Department of Health Services, HICOMHDQTRS, Saipan 96950; 9335

Robert B. Fisher, M.D., Coordinator, Division of Mental Health, Department of Health Services, HICOMHDQTRS, Saipan 96950; 9335

Glossary

No glossary of brief annotated entries can take the place of broader background which is available among the books and articles included in the bibliography section of this booklet. This section, however, should provide a quick reference guide to many of the terms, drugs and issues that arise with some frequency in the field.

An effort has been made to *avoid* slang terms in general, except for the most prevalent ones, and especially to avoid offering too many jargon terms of a regional nature.

Acid. LSD.

Acidhead. A person prone to taking large and frequent amounts of LSD.

ADAMHA. Acronym for the federal Alcohol, Drug Abuse and Mental Health Administration, new federal agency within DHEW formed in 1974 to take over authority for dealing with its three chief areas. Superagency with authority over NIDA. *See* NIDA.

Addiction. The state of being addicted to or physiologically as opposed to psychologically dependent upon a drug, in that the drug must be administered periodically to prevent the discomfort of withdrawal symptoms, which can vary from drug to drug. *See also* dependence, drug.

Amphetamine. A class of drugs which stimulate the central nervous system. Used originally for the treatment of obesity and depression and as "stay-awake" pills with characteristics similar to but stronger than caffeine.

Principal members of the amphetamine family are Methedrine, Dexedrine, Benzedrine and Ritalin. Common slang terms: *bennies, dexies, crystal, meth*. *See also* speed, uppers.

Angel Dust. *See* PCP.

Antagonist. A class of drugs used in heroin addiction treatment which render a person under their influence incapable of attaining a heroin "high" even though he may inject heroin. Less widely known as a treatment modality than methadone maintenance. Antagonists are non-addictive, but have roused a civil liberties furor over the potential for their use as an innoculative drug for "high risk populations." There is only a handful of antagonist clinics in the country. *Naltrexone* is the principal antagonist drug in use today. Others include *Naloxone* and *Cyclazocine*.

Bag. A common street unit of sale for a variety of drugs, most notably heroin. Quantity and price vary locally.

Barb. Barbiturate.

Barbiturate. A class of drugs which yield a depressant effect on the central nervous system. Representative members of the barbiturate family are *Nembutal*, *Seconal* and phenobarbital. Used widely as sleep inducers. High risk of overdose. Withdrawal very difficult and dangerous. Common slang terms: *reds*, *red devils*, *yellow jackets*, *downers*, *supers*, *barbs*.

Bennies. Benzedrine.

Benzedrine. An amphetamine.

Bisquit. *See* disket.

Boot. To leave heroin needle in the arm and draw blood from the vein into the syringe, mixing it with the heroin solution and releasing it. Addicts say this practice heightens the heroin euphoria.

Bust. (1) To arrest; (2) an arrest or a police raid. Use not unique to the drug culture.

Cannabis. Marijuana.

Cap. A capsule of a drug. Quantity may vary geographically and by drug.

Chemotherapy. The class of treatment modalities in which a drug is used; from the root *chemical therapy*. Most common are

heroin maintenance, methadone maintenance, Darvon maintenance and antagonist treatment.

Chipper. A person who uses an addicting narcotic occasionally, but is not addicted. Some studies (most prominently at the Haight-Ashbury Free Medical Clinic) suggest that non-addict users may be as numerous as addicts. Addicts occasionally "chip" (take small doses from a single "bag" of heroin) to conserve the drug when it is scarce.

Civil addict commitment. A legal system, first established in California in 1959, under which addicts may be voluntarily committed to treatment facilities in lieu of incarceration or, in some cases, involuntarily in the same way a mental patient may be confined. Has roused debate over its true effectiveness and on civil liberties grounds. Also in existence now in New York and several other states.

Cocaine. A short-acting stimulant drug commonly ingested by sniffing (snorting) and infrequently by injection. Originally developed as a local anesthetic, the drug is not used extensively in medicine today. Made by refining extracts of the leaf of the coca plant. Sometimes confused as an extract of the cocoa (chocolate) bean. Cocaine is a very expensive drug which became a fad in the twenties and reemerged in the early seventies as a widely used drug of choice. At one time a constituent of Coca Cola. Once thought to be addictive, cocaine does *not* create physiological dependence, but some psychological dependence may result. In cases of heavy users, some deterioration of nasal membranes may occur along with damage to some vital organs. Most frequently seen as a white granular powder. *See also* coke, snow.

CODAP. Acronym for Client-Oriented Data Acquisition Process, a program initiated in 1973 by the federal government supposedly to tabulate data on treatment program utilization and to prevent patient duplication among programs. Raised concerns that the system, which relies on computer recall of certain patient data exclusive of names, could be used to maintain a data bank that could identify addicts and ex-addicts. Modified version of the system is in use.

Codeine. Opium derivative used widely as a cough suppressant. *See also* opiate drug.

Coke. Slang term for cocaine and additional trade name for the soft drink Coca Cola, which contained cocaine for a number of years ending in 1903.

Cold turkey. Antiquated term for withdrawal without the use of compensatory drugs, which may minimize the discomfort of withdrawal symptoms. Heard occasionally today.

Commission of Inquiry into the Non-Medical Use of Drugs. The Canadian equivalent of the U.S. National Commission on Marihuana and Drug Abuse. Chaired by Gerald LeDain, the Canadian group filed two reports in 1973. *See* Bibliography for citations.

Connection. A drug supplier, most frequently used in regard to heroin trade.

Cooker. Container in which heroin/water solution is heated prior to injection. *See also* works, kit.

Cop. To procure drugs, most frequently heroin but also other substances.

Crystal. *See* amphetamine.

Cyclazocine. A narcotic antagonist.

Darvon. A synthetic drug which has been the occasional subject of addictive abuse. Chemical name propoxyphene hydrocloride. Very recently, Darvon has found advocates who believe it can be a successful maintenance drug for persons dependent on heroin or methadone.

Dependence, drug. The state of reliance on a drug, but not necessarily addiction thereto. Dependence is normally thought of as physiological and/or psychological. In normal usage, an addict is physiologically and psychologically dependent, but a chronic user of LSD or other nonaddictive substances may be only psychologically dependent. In journalistic use, some effort should be made to retain the terms addiction, physiological dependence and psychological dependence, and to emphasize the distinction.

Demerol. A narcotic analgesic. Chemical name meperidine. *See also* opiate drug.

Depressant. Any of a wide variety of drugs which tend to depress the central nervous system, including opiates and barbiturates.

Dexedrine. *See* amphetamine.

Dexies. Dexedrine.

Disket. A trade term applied to one of the wholesale forms of methadone, a 40-milligram tablet called a disket. The ease with which diskets can be diverted to the illicit black market led the federal government in 1972 to ban the distribution by clinics of methadone in disket form; since that time, their prevalence on the street has declined markedly. Pronunciation corrupted in the street scene to "bisquit." The word "disket" is a registered trademark of the pharmaceutical firm of Eli Lilly & Co.

Diversion program. Legal system under which criminal suspects who are also addicts are diverted from prosecution into treatment through provisions which frequently permit criminal charges to be dropped or held in abeyance and ultimately dismissed if the addict will submit to treatment. Controversial because of questions over the nature of the addict's motivation to enter treatment and over the desirability of a treatment system filled with "patients" who submitted to treatment simply to escape prosecution.

DMT (Dimethyltryptamine). A synthetic hallucinogenic drug popularized in the mid- to late sixties. Can be injected orally, normally in pill or capsule form, or (infrequently) smoked. *See also* hallucinogen.

Dolophine. Methadone.

Dope. This term has undergone some changes in meaning over the years, originally having applied only to "hard" drugs like heroin and morphine. Of late, however, the generic term "dope" has been applied with more frequency to drugs in general and marijuana in particular (as in "smoking dope").

Downer. Slang term for any depressant drug. *See also* barbiturate.

Fit. *See* works.

Gram. Metric weight measurement. Common unit of sale of some drugs, most notably cocaine.

Grass. Marijuana.

Hallucinogen. Any of a group of consciousness-altering drugs which commonly produce hallucinations as part of the totality of their effect. While some hallucinogens like peyote have been on the scene for hundreds of years, the drugs did not come to wide public prominence until the mid- to late sixties and the acid culture which sprang up in San Francisco and New York. *See also:* LSD, peyote, mescaline, psilocybin, STP, DMT, psychedelics and morning glory seeds.

Hard drugs. Most commonly used to refer to addictive drugs and drugs with high potential for dependence, to include all opiates and frequently barbiturates, amphetamines and cocaine.

Hashish. Hard, gum-like substance made by extracting active resins from the marijuana plant. Commonly smoked in small chunks in small-bowled pipe, but can be eaten. Effects same as those of marijuana, but frequently more intense. *See also* marijuana.

Heroin. An addictive opium derivative first synthesized in 1898 by the Bayer Company in Germany. Heroin's first use was as a cough syrup; in fact the name "Heroin" was Bayer's trade name for the product, which is still thought of as an excellent cough suppressant. Produces a depressed, euphoric "high" and is frequently known as the "Cadillac of tranquilizers." Is most commonly injected but is frequently "snorted" through the nose or even swallowed. Heroin is a refined version of morphine whose effects are more intense than those of morphine, but more short-lived. Heroin commonly wears off after four to six hours. Also known as *smack, scag, horse* or *H.* In its pure form, heroin is a white powder, but impurities in substances used to cut it may result in a greyish or brownish hue to the drug as seen on the street, appearance varies locally. *See also* opiate drug.

Heroin maintenance. A modality of addiction treatment in which heroin addicts are furnished supplies of the drug legally, thus largely eliminating the black market and illicit supply. Commonly used in Britain but hotly debated and not used in the

United States since just after World War I. Chief reason cited medically for non-use is that heroin must be administered four to six times per day, versus once daily for synthetics like methadone. Heroin maintenance has become a sensitive political issue in many parts of this country and Canada.

High. Feeling of euphoria induced by a drug.

Hippie devil weed. Satirical jargon term used within the culture occasionally as a term for marijuana.

Hype. Slang term used principally by police for heroin addict. From the word "hypodermic."

Joint. *See* marijuana.

Jones. Regional term for a drug habit, most commonly a heroin habit.

Junkie. Traditional jargon term referring to a heroin addict. "Junk" is sometimes used as a slang term for heroin.

Ki or key. Slang for kilo or kilogram of a substance, usually marijuana.

Kick. To withdraw from a drug; to eliminate its habitual use.

Kilo. A kilogram, or about 2.2 pounds of a substance. A common wholesale unit of sale for marijuana, occasionally for heroin. *See also* ki or key.

Kit. *See* works.

LeDain Commission. *See* Commission of Inquiry into the Non-Medical Use of Drugs.

Lid. Jargon term for common street unit of sale of marijuana. Usually one ounce.

LSD. Full name lysergic acid diethylamide. Powerful hallucinogenic drug first discovered by Swiss scientist Dr. Albert Hofmann in 1943. Used as part of psychiatric treatment modalities from 1943 to present. Diverted quantities of the drug gained popularity among young users in the early sixties,

leading to widespread illicit manufacture. Figured prominently in development of the defunct Flower Power movement, most commonly associated with activities in San Francisco in the summer of 1967 and after. Most commonly known in jargon as *acid*. Usually ingested in pill or powder form; sometimes soaked on paper. Infrequently administered by injection.

Mainlining. Jargon term for intravenous injection, the most common hypodermic method for taking heroin.

Marijuana. Mixture of the dried leaves, stems & flowers of the Indian hemp plant *Cannabis sativa*. First recorded use traced to 1400 B.C. or earlier. Effects range from euphoria to mild hallucinations. Illegal in all states; medical effects and dangers still subject to debate. Known in jargon as *Mary Jane, pot, grass, reefer, tea, weed*. Commonly smoked in crudely rolled cigarettes called *joints, sticks, reefers* (though the term is somewhat outmoded) or *numbers*. Sometimes smoked in a pipe or other modified smoking apparatus, or eaten, most frequently baked into brownies or cake.

The drug's chief active ingredient is delta-9-tetrahydrocannabinol (THC) which has been synthesized in recent years and made available itself on the drug black market. Consult bibliography for historical work. *See also* hashish.

Mescaline. A hallucinogenic drug extracted from the peyote cactus. Though synthesized by black-market chemists in the psychedelic movement of the late sixties, connoisseurs have always preferred the natural drug. *See also* hallucinogen.

Meth. *See* amphetamine.

Methadone. A synthetic narcotic developed by German scientists during World War II to cope with a shortage of raw opium. The drug essentially dropped from the scene after the war until the early sixties, when Drs. Vincent Dole and Marie Nyswander of Rockefeller University in New York City developed a heroin addiction treatment modality around methadone, which, when used under controlled, clinical conditions (and in concert with psychiatric assistance and counseling), does not yield a "high" and must be administered only once a day. An experimental version of the drug which requires administration only every 72 hours, is expected to come into wide use. Debate over

methadone's use as the primary and, in some locales, only treatment modality sparked public furor in the early seventies which continues today. In many cities, illicitly procured methadone has become a major drug of abuse, although in many cases, there is evidence addicts use methadone in combination with heroin to "self-withdraw" from heroin. Since 1970, methadone maintenance has ceased to be a strictly medical issue and has found its way into local politics in many parts of the country. *See also* opiate drug.

Methaqualone. A central nervous system depressant which came into use in the illicit drug area in the early seventies, known primarily as a "love drug" since it allegedly enhances sensual experiences. Manufactured under brand names of Quaalude and Sopor.

Methedrine. *See* amphetamine.

Microgram. Metric measurement unit, one millionth of a gram. Common dosage measurement for some drugs of abuse, most notably LSD.

Milligram. Metric measurement unit, one thousandth of a gram. Common dosage measurement for most drugs.

Morning glory seeds. In the early days of the psychedelic movement, it was reported that chewing morning glory seeds produced some hallucinogenic effects. Since prohibition of morning glory seeds was impractical, some distributors started to coat the product with a substance that would induce vomiting. *See also* hallucinogen.

Morphine. Opium derivative commonly used as a painkiller. Made by refining raw opium. Was a drug of addiction in late 1800s and early 1900s but gave way almost entirely to heroin. Some morphine abuse continues, though chiefly within the medical profession. *See also* opiate drug.

Mushroom. *See* psilocybin.

Naloxone. *See* antagonist.

Naltrexone. *See* antagonist.

Narc. The most common jargon term for narcotic enforcement officer.

Narcotic. In the medical sense, a derivative of opium or synthetic chemically related compound. Legal terminology and inaccurate journalistic use have tended to corrupt the term by applying it to any drug, a move now starting to be challenged.

National Commission on Marihuana and Drug Abuse. Commission chaired by former Pennsylvania Governor Raymond P. Shafer and directed by Washington Attorney Michael Sonnenreich which explored drug issues and particularly marijuana legalization on presidential appointment in early seventies. Most notable recommendation, that criminal penalties for marijuana be eliminated, was pointedly ignored. *See* Bibliography for citations of the two Shafer Commission reports.

Needle freak. A person whose use of drugs is motivated primarily by a fascination with injection. May sometimes shoot plain water simply to enjoy the use of the needle. Many needle freaks say they experience a sexual thrill during injection. Existence of needle freaks must be taken into account in discussions of circumstances under which drug users deny such treatment as methadone maintenance, in which the drug is administered orally.

Nembutol. *See* barbiturate.

NIDA. National Institute on Drug Abuse, subordinate agency of ADAMHA (*See* ADAMHA). Starting in 1974, took over coordination of the federal drug treatment effort. Headquartered in Rockville, Maryland.

Nitrous oxide. "Laughing gas," used medically as a mild anesthetic, most commonly by dentists; used illicitly to acquire a giddy, psychedelic high. The gas is infrequently a drug present on the illicit scene.

Opiate drug. The drug opium, a gum-like substance extracted from the poppy *Papaver somniferum*, derivatives generally codeine, morphine and heroin. In the last 30 years, a number of synthetic opiates have been developed, most notably methadone, Demerol (meperidine) and Percodan (oxycodone). As a class, opiates are depressants used pharmacologically to relieve pain and dis-

comfort. Opium itself has been a drug of abuse for hundreds of years and is still smoked in the raw gum form.

Overdose. The act of taking such a large dose of a drug that side effects, unconsciousness or even death result. *Extreme caution should be exercised in the use of this word,* especially when it is used as a cause of death, particularly due to "heroin overdose." Many complicated medical factors come into play in an overdose situation with the result that death or permanent injury may *or may not* be the result of a technical overdose.

PCP (Phencyclidine). Animal tranquilizer commonly passed off as any of a variety of hallucinogenic drugs. Effects can be hallucinatory, but are substantially more short-lived than those of most true hallucinogenics. Can be injested orally or smoked, commonly in combination with marijuana in a mixture called Angel dust, in which marijuana is soaked with liquid PCP. *See also* hallucinogen and STP.

Peyote. A hallucinogenic drug which occurs naturally in a variety of the cactus plant. Peyote "buttons," or small parts of the plant, are chewed as the most frequent method of ingestion. The drug forms a central part of the religion of the Native American Church, an organization of about 250,000 American Indians who are permitted under law to make use of peyote as part of a religious ritual. *See also* hallucinogen.

Polydrug use. This phenomenon, in which a drug user utilizes more than one substance at a time, has been a part of the culture for decades. Also used to refer to the use of any non-opiate alone or in combination. Within the last two or three years, however, polydrug use has roused concern due to increased use of drugs which are potentially dangerous in combination with one another.

Pot. Marijuana.

Propoxyphene hydrochloride. Darvon.

Psilocybin. A hallucinogenic drug originally extracted from a certain variety of mushroom, but later produced synethically. Effects similar to mescaline and LSD. *See also* hallucinogen.

Psychedelics. The generic class of drugs commonly associated with the expansion of consciousness which produce visual hallucinations. The roots of this word are Greek, and generally mean "mind expanding." Term was coined and made popular in mid- to late sixties. *See also* hallucinogen.

Reds. *See* barbiturates.

Reefer. *See* marijuana.

Roach. The butt of a marijuana cigarette. Sometimes held in a "roach clip" to enable total consumption by smoking, and sometimes eaten.

Quaalude. Methaqualone.

SAODAP. Acronym for the White House Special Action Office for Drug Abuse Prevention, set up by President Nixon in 1971 and originally headed by Dr. Jerome Jaffe, which established the existing federal drug treatment system and channeled hundreds of millions of dollars into treatment, rehabilitation and prevention. Phased out in 1975.

Seconal. *See* barbiturate.

Shafer Commission. *See* National Commission on Marihuana and Drug Abuse.

Shoot. To inject a drug.

Shoot over. To administer a dosage level of drug sufficient to override the effects of another drug. Methadone patients sometimes shoot over methadone with heroin and are able to experience a high. May also shoot over a dose of a narcotic antagonist.

Skin popping. Injection of a drug (usually heroin) under the skin. Technically subcutaneous injection. Effect is more pronounced than when the drug is taken by sniffing, but not as pronounced as through intravenous injection.

Sniffing. *See* snorting.

Snorting. Ingestion of a powdered drug, by inhaling it through the nasal cavities. Also called *sniffing*.

Snow. Cocaine.

Soft drugs. A generic term referring to non-addictive drugs, most notably marijuana, LSD, mescaline, psilocybin.

Sopor. (1) Methaqualone; (2) jargon term, principally Midwestern, normally referring to barbiturates or other barbiturate-like depressants.

Speed. *See* amphetamine.

Spike. Jargon term for hypodermic needle.

Stick. *See* marijuana.

Stimulant. Any of a wide variety of drugs which tend to stimulate the central nervous system. Principally include amphetamines and cocaine.

STP. A synthetic, LSD-like drug introduced on the illicit drug scene in San Francisco around 1967. For several years, any of a variety of low-grade synthetic drugs were passed off as STP, principally including the dangerous animal tranquilizer PCP (phencyclidine).

TASC. Acronym for Treatment Alternatives to Street Crime, the federal program model for pretrial diversion of addicts to treatment. *See also* diversion program.

TC. Therapeutic community.

Tea. Marijuana.

THC (Tetrahydrocannabinol). An active ingredient in marijuana.

Therapeutic community. A generic type of drug treatment based on the concept of a residential setting that is entirely drug-free. Early pioneers were Synanon in Santa Monica, California, and Phoenix House in New York City. Sometimes called "TCs" in the jargon of drug treatment professionals. Some development of use of day programs by therapeutic communities has been noted. Some now admit methadone patients in process of discontinuing methadone use.

Trip. Common jargon reference to the LSD experience. Sometimes applied to sensations of other drugs. As a noun or verb.

Uppers. Slang for any stimulant drug. *See also* amphetamine.

Weed. Marijuana.

Withdrawal. The process of ceasing to use a particular drug and the physiological and psychological effects thereof. The drama of heroin withdrawal has probably been overstated through the years but some drug withdrawal, most notably withdrawal from barbiturates, are extremely dangerous. Opinions vary on the period of time required for withdrawal from many drugs, most notably heroin and methadone, with theories ranging from three to five days for heroin to six months or longer for methadone.

Works. Sometimes known as the "kit" or "fit," the works make up the apparatus used by the heroin addict to process and inject the drug. Works usually includes needle, syringe (most commonly a modified eyedropper), tourniquet to tie off veins, a "cooker" (usually a bottle cap) in which heroin/water mixture is heated and cotton through which the cooked mixture is filtered as it is drawn into the syringe. There may be local variations, based on availability of components or other factors.

Yellow jackets. *See* barbiturates.

A Newsman's Drug Bibliography

The literature of the drug field has perhaps multiplied more rapidly than the problem itself since the mid-sixties. Where only a handful of reasonably objective, factual and timely reference materials suitable for use by the journalist existed at that time, today there are hundreds of books and periodicals available.

To include every pertinent work here would defeat this attempt to offer a concise bibliography of working use to a reporter. Therefore, the general bibliographical listing has been restricted to books which seem most germane, although some of them are obviously flawed by their effort to prove a specific viewpoint.

But even this restricted listing is probably too long for quick reference, so it has been broken down into three parts. The first part contains seven books which every journalist might consider including in his/her personal library as general references. The second part is a quick guide to other books and pertinent periodicals which can fill in some gaps left by the newsman's drug bookshelf. The third part is a listing of previously published articles which can offer some reference value and general background in specific subjects.

The Reporter's Drug Bookshelf

Brecher, Edward M. and the Editors of Consumer Reports. *Licit and Illicit Drugs*. New York: Little, Brown, 1972.

Licit and Illicit Drugs had an opportunity to be perhaps the truly definitive "drug book" of the age, an opportunity Edward M. Brecher missed only by a few degrees, but missed nonetheless. As it is, Brecher's 623-page book is about as good a basic reference to issues and people as there is in the field. Its index alone is a priceless tool for the newsman.

The flaws here are two and should remain actively in mind. First and most unfortunately, Brecher has embraced the concept of methadone maintenance treatment as an exclusive therapeutic

modality for nearly all addicts with entirely too much enthusiasm. Indeed, Brecher has "fallen" for methadone so hard that his chapters dealing with the subject come off more as a sales pitch than reporting of data. In the book he seems to think methadone is a panacea for all heroin/opiate abusers (although he has denied in person that he holds this view), and that bias is unfortunately evident. Second, the historical sections in the Brecher book bear evidence of some "needling." Musto is a much better historical guide.

Despite this, Brecher has produced an impressive, invaluable basic reference which covers most of the bases to be covered up to his 1972 publication date. Too, the book brings in alcohol, nicotine and caffeine as drugs of abuse and this co-equal treatment with such drugs as heroin and marijuana is gratifying.

Drug Abuse Survey Project. *Dealing with Drug Abuse: A Report to the Ford Foundation*. New York: Praeger Publishers, 1972.

With a foreword by McGeorge Bundy, this series of excellent research papers provides an issue basis available nowhere else. It explores the pharmacology of drugs of abuse, looks at the economics of heroin and considers altered states of consciousness. Its contributors include Edgar May (a study of addiction and treatment in England); consciousness researcher Andrew Weil and members of the Drug Abuse Survey Project, a team formed by the Ford Foundation to explore rationally the "drug problem" everyone was talking about in the early seventies.

Some of the recommendations of the Survey Project have even been implemented, a telling credit in a field where rational studies have generally been ignored.

On the debit side, today *Dealing with Drug Abuse* is showing its age as drug technology is moving away from where it was when the book was published in 1972. Still, the essays included here are invaluable and a source of some excellent background.

Musto, David. *The American Disease: Origins of Narcotic Control*. New Haven: Yale University Press, 1973.

The American Disease represents the first good, thorough history of drug abuse and drug control policy in the United States. Musto, an objective writer, has gathered extensive ma-

terial, dating from circa 1860, a striking point of which is an indication that the recent sixties-seventies drug "crisis" is not only not unique in our history but just one more of a series of cyclic events, starting with the fear that the Civil War would yield hundreds of thousands of morphine addicts. Musto's revelations about the ways in which Henry Anslinger, the federal drug czar of the thirties through sixties, manipulated public feelings and response to marijuana use in the early thirties helps explain the irrationality that has gone on in this area since 1965, for instance.

It's must reading, because it provides the vehicle for the reporter to set developments in this field into historical perspective.

National Commission on Marihuana and Drug Abuse. *Drug Use in America: Problem in Perspective* (1973) and *Marihuana: A Signal of Misunderstanding* (1972). Washington, D.C.: U.S. Government Printing Office.

These two reports, and four other volumes of appendices to the 1973 report, make up a fundamental body of drug information, compiled by what is popularly called the Shafer Commission, after its chairman, former Pennsylvania Governor Raymond P. Shafer. Under the guidance of Michael Sonnenreich, a Washington attorney, the Commission staff assembled an impressive array of original and secondary research along with a series of recommendations in each of the two final reports. The marijuana report roused substantial public note when President Nixon announced he would disregard its recommendations (chiefly centering around a call for decriminalization of marijuana) without reading the report itself.

Smith, David E., and Gay, George R., eds. *"It's So Good Don't Even Try It Once": Heroin in Perspective.* Englewood Cliffs, N.J.: Prentice-Hall, 1972.

For journalistic (and other) purposes, this remarkable anthology of issue-oriented essays is without equal even in the cluttered area of drug literature. Drs. Smith and Gay, both affiliated with the Haight-Ashbury Free Medical Clinic in San Francisco, and prolific authors and editors, have assembled a 208-page collection of some of the most informative, worthwhile essay-length

works available. Despite its relative age, this book is nonetheless current and accurate.

It treats such diverse areas as pharmacology of opiates, heroin use in Vietnam, a history of the Haight-Ashbury Clinic, heroin economics and drug-scene street life.

As a primer on drugs for the journalist, this book effectively has no parallel. It should be considered a primary reference work for the newsman starting research in this field or completing copy on deadline.

Weinswig, Melvin H. *Use and Misuse of Drugs Subject to Abuse.* New York: Bobbs-Merrill, 1973.

This short (135-page) volume offers as good a quick desk reference to drug issues and pharmacology as any available. Its nononsense approach to the characteristics of drugs and their abuse, along with an evaluation of drug education, offers a good, almost tabular, quick reference guide.

Its 2-page drug guide (pages 132 and 133) is a fine compilation which will prove useful, especially under deadline pressure, for some time to come.

Other Books and Pertinent Periodicals

The books listed below are included because they represent a cross section of points of view and a research base which could be of use journalistically. Many of these volumes present controversial points of view whose merits have been the subject of some debate. No effort has been made to judge the validity of these works and their inclusion should not be interpreted as endorsement or agreement; it is simply that they have some use for a reporter. An asterisk precedes each entry which may be controversial.

Aaronson, Bernard S. *Psychedelics.* Garden City, N.Y.: Anchor Books, 1970.

Aldrich, Michael R. *A Brief History of Marijuana.* Phoenix, Ariz.: Do it Now Foundation, 1973.

American Bar Association. *Federal Drug Abuse Programs*. Washington, D.C.: Drug Abuse Council, 1972.

Commission of Inquiry into the Non-Medical Use of Drugs (LeDain Commission). *Interim Report* and *Final Report*. Ottawa: Information Canada, 1973.

Cooperative Commission on the Study of Alcoholism. *Alcohol Problems: A Report to the Nation*. Edited by Thomas F.A. Plaut. New York: Oxford University Press, 1967.

*Densen-Gerber, Judianne. *We Mainline Dreams: The Odyssey House Story*. Garden City, N.Y.: Doubleday, 1973.

*Editors of Ramparts Magazine. *Smack!* New York: Harper and Row, 1972.

Group for the Advancement of Psychiatry. *Drug Misuse: A Psychiatric View of a Modern Dilemma*. New York: Scribner, 1971.

Hafen, Brent Q. *Drug Abuse: Psychology, Sociology, Pharmacology*. Provo, Utah: Brigham Young University Press, 1973.

*Halpern, Susan. *Drug Abuse and Your Company*. New York: American Management Association, 1972.

Irwin, Samuel. *Drugs of Abuse: An Introduction to Their Actions and Potential Hazards*. Beloit, Wisc.: Student Association for the Study of Hallucinogens, 1973.

*Kunnes, Richard. *The American Heroin Empire: Power, Profits and Politics*. Dodd, Mead, 1973.

Levine, Harvey. *Legal Dimensions of Drug Abuse in the U.S.* Springfield, Ill.: Charles Thomas, 1973.

*Linkletter, Art. *Drugs at My Doorstep*. Waco, Tex: Word Books, 1973.

*Nahas, Gabriel G. *Marijuana: Deceptive Weed*. New York: Raven Press, 1972.

Nowlis, Helen. *Drugs on the College Campus*. Garden City, N.Y.: Doubleday, 1969.

Pace, Denny F. *Handbook of Narcotics Control.* Englewood Cliffs, N.J.: Prentice-Hall, 1972.

President's Commission on Law Enforcement and Administration of Justice. *The Challenge of Crime in a Free Society* and *Reports* of the Task Forces on Narcotics and Drunkenness. Washington, D.C.: U.S. Government Printing Office, 1967.

*Regush, Nicholas M. *The Drug Addiction Business.* New York: Dial Press, 1972.

Smith, David E. *The New Social Drug: Cultural, Legal and Medical Perspectives on Marijuana.* Englewood Cliffs, N.J.: Prentice-Hall, 1970.

Smith, David E. *Uppers and Downers.* Englewood Cliffs, N.J.: Prentice-Hall, 1973.

Solomon, David. *The Marijuana Papers.* Indianapolis: Bobbs-Merrill, 1966.

Strategy Council on Drug Abuse. *Federal Strategy for Drug Abuse and Drug Traffic Prevention, 1975.* Washington, D.C.: U.S. Government Printing Office, 1975. (Note: A strategy document is prepared annually, available around June 1 of each year.)

Tarshis, Maurice, S. *The LSD Controversy: An Overview.* Springfield, Ill.: Charles Thomas, 1972.

Udell, Gilman G., comp. *Opium and Narcotic Law.* Washington, D.C.: U.S. Government Printing Office, 1972.

U.S. Bureau of Narcotics and Dangerous Drugs (Drug Enforcement Administration). *Drug Usage and Arrest Charges: A Study of Drug Usage and Arrest Charges Among Arrestees in Six Metropolitan Areas of the United States.* Washington, D.C.: U.S. Government Printing Office, 1971.

Weston, Paul B. *Case Studies of Drug Abuse and Criminal Behavior.* Pacific Palisades, Calif.: Goodyear Publishing Co., 1973.

Willig, Sidney H. *Legal Considerations: Drug Abuse in Industry and Business.* Miami, Fla.: Symposium Enterprises, 1971.

Willis, James. *Addicts: Drugs and Alcohol Reexamined.* New York: Pitman, 1973.

Zinberg, Norman E. *Drugs and the Public.* New York: Simon and Schuster, 1972.

In addition to the foregoing, the following selections from the Drug Abuse Council's publications series may also be of interest to newsmen:

A Perspective on "Get Tough" Drug Laws

A Drug Abuse Council staff report analyzing the effects of stringent criminal sanctions on drug abuse and crime. The futility of over-reliance on the criminal justice system to solve the complex problems of drug abuse is examined from historical and legal perspectives.

Governmental Response to Drug Abuse: The 1976 Federal Budget and Single State Agency Analysis

A comprehensive analysis of the 1976 Federal drug abuse budget and its implications accompanied by an examination of the structure and implementation of the single state drug abuse coordinating agencies.

Methadone Maintenance: The Experience of Four Programs

Written for The Drug Abuse Council by journalist Paul Danaceau, this study is a descriptive analysis of the treatment process in clinics in New York City, Albuquerque, East Boston and New Orleans, highlighting common issues, problems and needs.

The Retail Price of Heroin: Estimation and Applications

This summary of research designed to develop estimates of heroin retail prices in selected U.S. cities is applied to problems associated with illicit narcotics use. Extensions of the analysis to

other policy-related questions including the effectiveness of law enforcement policies are discussed.

Occasional Heroin Users: A Pilot Study

A report on the psychological testing of 12 non-addicted heroin users. This a reprint of an article published in the *Archives of General Psychiatry*.

Recent Spread of Heroin Use in the United States: Unanswered Questions

Empirical evidence suggests new heroin use has sequentially "peaked" in U.S. communities from 1967 to the present. Shifts in peak use from large to smaller cities are discussed with implications for future drug abuse policy and planning.

Methadone: Benefits and Shortcomings

A comprehensive review of the use of methadone for the treatment of heroin addiction, exploring the goals of methadone maintenance, the fundamental objections to this form of treatment, the accomplishments as well as the failures, and some of the many yet unresolved questions about its most appropriate applications.

Morphine Maintenance, The Shreveport Clinic, 1919–1923

An in-depth study of the Shreveport, Louisiana, morphine maintenance clinic, based on clinic records and extensive interviews with Dr. Willis P. Butler, director of the clinic during the period of its existence.

Drug Use, the Labor Market and Class Conflict

A historical survey bringing to light data which indicates that not only is the socioeconomic pattern of narcotics use the same as it was a century ago, but that the problem of widespread addiction is a recurrent and cyclical one.

Major Newspaper coverage of Drug Issues

A nationwide study of the reporters who cover drug stories, outlining some of the major problems both with newspaper management and the understanding of policy among reporters.

"High" States: A Beginning Study

A phenomenological study, written by Dr. Norman Zinberg, describing the actual experiences of intoxication with opiate and psychedelic drugs and placing that experience within a social and psychological theoretical context.

The Social Basis of Drug Abuse Prevention

The preliminary findings of a study of 57 individuals who are able to control their use of various drugs, including heroin. The study examines the influence of set, social setting and social sanctions on the individual's patterns of drug use. While recognizing the difficulties of establishing stable patterns of use in an unsympathetic environment, the authors nevertheless conclude that controlled use of illicit drugs can be developed and maintained.

Alcohol and Drugs at Work

A study of alcohol and drug abuse among U.S. workers, including an analysis of programs for employee rehabilitation and recommendations for the national public health system.

Methaqualone: A Study of Drug Control

The scheduling of drugs under the Controlled Substances Act of 1970 is analyzed using methaqualone as a case study. This monograph reviews the history of methaqualone, including its use and abuse in other countries; its introduction in the United States; the rapid rise of its use for medical and nonmedical purposes; and the legislative and administrative response to its perceived abuse. The validity of the assumptions underlying the regulatory framework is examined and suggestions offered for changes in the structure and administration of the Controlled Substances Act.

Legal Issues in Addict Diversion: A Layman's Guide

A handbook explaining the implications of pretrial diversion to assist drug abuse treatment operators, lawyers, judges and citizens, taken from a study commissioned by the American Bar Association.

Periodicals:

Journal of Psychedelic Drugs
The Student Association for the Study of Hallucinogens, Inc., 118 S. Bedford St. Madison, Wisc. 53703. Editor: Nancy Gottlieb

The Journal
Addiction Research Foundation of Ontario, 33 Russell St., Toronto, Ont., Editor: Gary Seidler

Addictive Diseases
Spectrum Publications, Inc., 75-31 192nd St., Flushing, N.Y. 11366. Editor: Carl D. Chambers

Contemporary Drug Problems
Federal Legal Publications, Inc., 95 Morton St., New York, N.Y. 10014, Editor: Laurence London

Drug Forum
Baywood Publishing Co., 43 Central Drive, Farmingdale, N.Y. 11735, Editor: Stanley Einstein

Drug Enforcement
U.S. Drug Enforcement Administration, 1405 Eye St., N.W., Washington, D.C. 20537, Editor: Robert H. Feldcamp

International Journal of the Addictions
Marcel Dekker, Inc., 305 E. 45th St., New York, N.Y. 10017, Editor: Stanley Einstein

Journal of Drug Issues
Box 401, Tallahassee, Fla. 32303, Editor: Richard L. Rachin

Altered States of Consciousness
Baywood Publishing Co., 43 Central Drive, Farmingdale, N.Y. 11735, Editor: Stanley Einstein

High Times
Trans-High Corp., Box 386, Cooper Station, New York, N.Y. 10003

National Drug Reporter
National Coordinating Council on Drug Education, 1526 18th Street, N.W., Washington, D.C. 20036, Editor: Dinah Prentice

The Leaflet
National Organization for the Reform of Marijuana Laws, 2317 M Street, N.W., Washington, D.C. 20036, Editor: Larry Schott

Addiction and Drug Abuse Report
Grafton Publications, Inc., 667 Madison Ave., New York, N.Y. 10021

In addition to the above, back issues of a now defunct journal called *Psychedelic Review*, which may be available through larger municipal or university research libraries may prove of some historical interest. The *Review* contains some vintage works by Timothy Leary and other figures of that now-forgotten age.

Previously Published Articles of Interest

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Drug Laws
Burnham, Sophy, "How the New Drug Control Law Could Affect You—Yes You," *The Village Voice*, April 4, 1974.

Parachini, Allan, "Rocky's Legacy: How Well Has His Drug Law Really Worked?" *The Village Voice*, Aug. 29, 1974.

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Dershowitz, Alan M., "Constitutional Dimensions of Civil Commitment," *Appendix IV, Drug Use in America: Problem in Perspective*, March, 1973.

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Falco, Mathea and Pekkanen, John, "The Abuse of Drug Abuse," *Washington Post*, Sept. 8, 1974.

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Kleber, Herbert D., M.D., "Drug Abuse," Chapter 7 of *A Concise Handbook of Community Psychiatry and Community Mental Health*, New York, Grune & Stratton, Inc., 1974.

Smith, Roger C., "Community Approaches to Drug Treatment," *Proceedings of International Conference on Drug Abuse*, University of Michigan Press, 1970.

Smith, Roger C., "Drug Related Crime: Legal or Community-Based Responses," Presentation to the Royal Society of Medicine, London, April, 1973.

Wenk, Joseph R., "Addicts in the Consumer Movement: Philadelphia's Addicts Rights Organization," paper presented at The National Drug Abuse Conference, Chicago, Ill., March 31, 1974.

Wilson, James Q., Moore, Mark H., and Wheat, I. David, Jr., "The Problem of Heroin," *The Public Interest*, Fall, 1972.

Marijuana

Anderson, Patrick, "The Pot Lobby," *The New York Times Magazine*, Jan. 21, 1973.

Kuttner, Bob, "Reefer Madness Revisited," *The Village Voice*, Feb. 7, 1974.

Methadone

Lennard, Henry L., Epstein, Leon J., and Rosenthal, Mitchell S., "The Methadone Illusion," *Science*, May 26, 1972.

Parachini, Allan, "The Money in Methadone, I and II," *The Village Voice*, April 18 and 25, 1974.

Narcotic Antagonists

Resnick, Richard B., M.D., "The Treatment of Heroin Dependence with Opiate Antagonists," *International Encyclopedia of Psychiatry, Psychoanalysis and Psychology*, 1973.

Overdose

Baden, Michael M., M.D., "Narcotic Abuse, A Medical Examiner's View," *New York State Journal of Medicine*, April 1, 1972.

Polydrug Use

Fisher, Gary and Brickman, Harry R., M.D., "Multiple Drug Use of Marijuana Users," *Diseases of the Nervous System*, Jan. 1973.

Javal, Alan F. and Inaba, Darryl S., "Beyond Heroin? A Case Study of Mixed Pill Addiction," *Drug Forum*, Summer, 1973.

Kunnes, Richard, M.D., "Double Dealing in Dope," *Human Behavior*, October, 1973.

The Drug Street Scene
Carey, James T. and Mandel, Jerry, "A San Francisco Bay Area 'Speed' Scene," *Journal of Health and Social Behavior*, June, 1968.

Markham, James M. "Heroin Hunger May Not a Mugger Make," *The New York Times Magazine*, March 18, 1973.

Preble, Edward and Casey, John J., "Taking Care of Business—The Heroin User's Life on the Street," *International Journal of the Addictions*, March, 1969.

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About the Author

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A reporter since 1965, Parachini, 30, has written extensively about drugs and drug abuse issues. He has worked for both major wire services and newspapers in Upstate New York, New Orleans, and Los Angeles.

He is currently with the *Chicago Sun-Times* and covers the health care field. As a freelancer, Parachini has contributed stories on drug topics to the *Village Voice* in New York City, the *Quill* and several other magazines and newspapers.